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ORIGINAL PAPERS

THE MENTAL AND THE PHYSICAL ORIGINS OF BEHAVIOUR[1]

By E. D. ADRIAN

We are here to recognize the great services which Dr. Ernest Jones has rendered to the psycho-analytic movement in this country. For more than thirty years he has held a commanding position in a new science which has gradually become an established part of our outlook on human behaviour, and the new science by its very nature has had to overcome much more than the usual amount of opposition. You are honouring your own leader and it is a great privilege for me, a stranger to all but the rudiments of psycho-analysis, to be invited to give this first Ernest Jones memorial lecture. It is a privilege, but it involves more than the usual amount of anxiety proper to these occasions, for I must do my best to lull our subject into a sense of false security, to prevent him from realizing what he may be in for. This meeting must not be the prelude to sleepless nights in which he will lie thinking of future lectures which will display him to posterity as a model of whatever the lecturer may regard as virtue and as the holder of whatever views the lecturer may think he ought to have held. For there are perils in this form of immortality as in the other kinds, and there is much to be said for regulations like that for the Seatonian poem at Cambridge which was to be on one of the attributes of the Divine Being from year to year until such time as the subject should be exhausted. That occurred some years ago, and Dr. Ernest Jones may be glad to look forward to the time when his attributes, too, may be taken for granted. To encourage that hope I shall make no further attempt to extol them this evening, for I should be trying to tell you what you know already far better than I.

Yet there is a personal reason which explains why a physiologist should leave his furrow for such unusual country. Before the war of 1914 I was a medical student at Cambridge with two friends who were particularly interested in disorders of the mind. Nowadays these things have become the stock-in-trade of the entertainment industry and Hollywood spends millions in depicting the more respectable aspects of the unconscious; the neuroses must have lost some of their glamour for the medical student, but then they had all the attraction of a new and mysterious field out of relation with anything which we were taught in our laboratories. The older generation showed little interest in the subject and they could scarcely be blamed, for medical science had advanced so positively in other fields, in surgery and bacteriology, for instance, whereas if the neuroses were better understood and treated it was by a few specialists each with his own method and outlook. We dabbled in hypnotism; at that time there was one of the recurrent waves of interest in hypnotism in Cambridge and medical students were constantly assuring one another that their eyes were growing heavier and heavier. But the theories led nowhere. We could agree that the hypnotized subject, like the hysteric, had a restricted range of consciousness and was unduly suggestible, but we were little the wiser.

Then one day one of my friends came to read Dr. Ernest Jones's papers on Psycho-analysis, published in 1913. He made us read it too, and we found it disturbing stuff. We were naturally repelled at the thought of the fantastic tricks our minds were supposed to play on us, but we were young and curious and it could not be denied that Freud's ideas were on quite a different plane from any of the others we had come across. Freud's seemed incredible, but they led to definite conclusions not only about neurotic symptoms, but about memories and dreams and normal behaviour. Unlike the others, this theory went far beyond a single range of facts; it showed or tried to show quite unexpected relations between different fields, and it made assertions which should have been open to direct confirmation or disproof. Although we did not know what to make of it we were sufficiently

[1] The 'Ernest Jones' lecture—read before the British Psycho-Analytical Society, June 19, 1946.

excited to decide that we would try to get into touch with Dr. Ernest Jones as soon as we went down from Cambridge to see if he could resolve our doubts. None of us did so, for the war intervened. My friends were killed and I returned, regressed perhaps, to physiology and have never been more than a spectator of the early struggles of psycho-analysis and of the gradual acceptance of most of its principles.

When such a radical change of outlook has taken place it is difficult to recall correctly what were the prevailing views which were held before. It is natural in these days to accept the idea that unworthy memories and desires may be repressed, that the conscious mind may resent their intrusion, that children may be jealous of their fathers and that a slip of the tongue may reveal an unexpressed wish. And it is easy to find passages illustrating these views written long before Freud began. I remember how well Dr. Jones quoted Meredith to his purpose. One may even extract the main conclusions of Freud from the philosophy of Schopenhauer. In fact, we have become so used to psycho-analysis that it has been argued that Freud did little more than systematize what was already known, adding some more dubious conclusions of his own about the dominance of the sexual urge: that future generations will have no need to regard him as a great innovator who founded a new conception of the mind. I am sure such a view is mistaken. Remembering my own incredulity and the bitter disputes after the war, and contrasting the papers which were written about the neuroses of that war and of this, I cannot believe that there has been anything less than a complete and general change of outlook in medical psychology, that it is the direct result of Freud's work and that Dr. Ernest Jones has been responsible for its acceptance in Great Britain. I hope that some future lecturer may elaborate this theme, for an unbiased study of the gradual penetration of the new ideas would make an instructive chapter in medical history.

But medical history often proceeds along an unpredictable course, for some unexpected development may cut across what seems the obvious line of evolution. Twenty years ago most of us would have supposed that states of anxiety and depression would become more amenable either to psycho-analytic methods or perhaps to some new endocrine therapy. We should not have been much surprised if the surgeons had found a new source of chronic infection to clear up or a new visceral displacement to adjust; but few of us would have dreamt of the possibility that anxiety would come to be treated by electric shocks to the head, or, if that did not work, by surgical destruction of part of the brain.

The success of such direct physical methods would be more satisfactory to the physiologist if he could find some rational explanation for them. Meduna had a reason for adopting convulsive therapy, but it was not a very good one. The psycho-analytic explanations you will be able to judge better than I can.

These new developments have at least drawn attention once more to the influence of the body on the mind. It is still necessary to emphasize, in and out of season, the influence of the mind on the body, but the necessity has sometimes forced the other side of the picture into the shade. The leaders of the psycho-analytic movement have not been blind to it; after all Freud began as a physiologist and came near to an important discovery in pharmacology. Yet the development of the subject, its technique and terminology and whole theoretical structure has tended to make it a closed system, content to follow its own path and to let the neurologist and physiologist follow theirs. The lack of contact seems to be greater in this country than in the United States, where psycho-somatic medicine deals with the entire patient, and may succeed in bridging the gap if it can avoid the danger of becoming as specialized as other branches of medicine. There is a story in Lord Samuel's memoirs of a College at Oxford where there was a society called the 'Society for viewing things as a whole'. Most of us would like to believe that we could aspire to membership if we gave our minds to it, but we should have to confess that most of the time our work makes it difficult. You would not have asked me to give this lecture if you had not felt that the nervous system ought to come into the picture sooner or later, and I should not be giving it if I did not feel that physiology ought to take cognizance of the mind. Yet there is no reason why either of us should alter our method of approach. The territory is far too large to be covered by a single group of explorers and so long as we are aware of what the others are doing we had much better follow the path dictated by our training and general outlook.

Our general outlook on the problems of human behaviour may be psychological or physiological, but we start with certain conceptions which are the normal apparatus of our thinking, conceptions of causality, force, energy and so on. They may be used with the definiteness allotted to them in the physical sciences or with the vagueness made necessary by the subject-matter of the mental sciences. Freud accepted the vagueness, pointing out that 'general ideas in any branch of science must be left indeterminate at first, to wait for progressive analysis of the material of observation before they can be made clear and can find a significant and consistent meaning'. Those of us who deal with the mechanics of the body ought not to quarrel, therefore, with the psycho-analyst's use of the term energy, but there was a stage in the development of psycho-analysis when criticism did arise, because it seemed that the rather vague analogies between mental and physical energy were being taken too seriously, so that the laws appli-

cable to the one could be taken for granted in dealing with the other. The criticism is ancient history, yet it serves as an introduction to some developments in neuro-physiology which seem to be narrowing the gap between the two sides—the gap which tends to make us think of the human psyche as something with a life of its own, inconvenienced from time to time by the body to which it is bound, but having no common driving force and no common growth.

The developments have come from a better appreciation of the activity of nerve cells in the brain. Although many people have had a hand in them the chief credit must certainly go to Hans Berger, for his pioneering work on the human electro-encephalogram. Freud's work has made it impossible to recall clearly what used to be thought about the neuroses and in the same way Berger's has made it difficult to recall what we thought might be happening normally in the brain. In fact, there was not much to guide us, for neuro-physiology was still mainly concerned with the problems of nervous conduction and of the reflex arc.

As you know, Berger found that the human brain in the inattentive state was the seat of a continued electrical oscillation with a rhythm of about ten a second. He found, in fact, that there was a continued activity in large groups of nerve cells maintained apparently by some inherent mechanism of the brain and not directly related to incoming sensory messages. This has an important bearing, suggestive rather than conclusive, on the general problem of the physical origins of nervous activity and therefore on the physical origins of behaviour.

Living cells have a store of potential energy and, in the cells of the nervous and muscular system some of this energy can be suddenly converted into another form when the cell becomes active. In the nerve fibre the activity appears mainly as a spreading electrical charge with a movement of ions as the chief outcome of the energy transformation: in the muscle fibre there is a much greater transformation and the energy appears as mechanical work. Now in an animal the movements of the body must be closely related to the external environment. The eyes must be turned towards a sound, the body must keep its balance as it moves about and so on. It follows that much of its activity must be directly controlled by the sense organs, and for this to be done the muscle fibres must remain quiescent until they are called into play by signals from the nerve fibres and the nerve fibres must not signal except in obedience to the changes which take place in the environment. Activity in the muscles uncontrolled by the nerves would upset all the adjustments of the body and activity in the nerve fibres uncontrolled by the sense organs might be equally disastrous. There must, of course, be the central station for pooling all incoming signals and producing the appropriate orders for each muscle fibre, but the body could not keep alive if some of the transformations of energy in the nerves and muscles were not entirely regulated by the impact of its surroundings on the sense organs.

For these immediate adjustments, therefore, the stores of energy in the cells must be held ready for immediate release and the amount released must be completely dependent on the external situation. The mechanism must be dead beat, as Sherrington puts it, coming to rest as soon as the body has been brought into harmony with its external surroundings. Thus in the reflex mechanisms of the nervous system we are concerned mainly with cells or fibres which become active only when they are exposed to the appropriate stimulus. If they are not disturbed they stay quiet.

There is very little resemblance between what goes on in these reflex parts of the nervous system and what goes on in the psyche, for there we seem to be dealing with sources of activity, with mental energy if you like, which cannot be curbed but must overflow sooner or later into some kind of behaviour. The connection between these mental sources of activity and the energy in a living nerve fibre is too remote to be worth elaborating. And clearly the behaviour of an animal with an intact brain differs radically from that of the reflex preparation. The intact animal controls its environment to some extent instead of being controlled by it. It can check the reflexes which maintain its normal posture, it can lie down, it can prevent itself from scratching, it can even hold its breath, and it must be able to do this if there is to be free play for all the varied activity which the cerebrum produces.

The difference is, no doubt, one of degree. The complex activities of the intact animal must be related ultimately to the environment, but the difference is that the control is much less immediate, depending on a vast number of interwoven factors. The difference is so great that we might expect to find a different kind of nervous organization at work—not merely a more complicated version of the reflex machinery. What we do find, what Berger demonstrated in man, is the continued electrical pulsation in the nerve cells of the brain, modified by and interacting with the signals which arrive from the sense organs, but not immediately dependent on them. We find too that the cells in the brain behave differently from those in the lower parts of the nervous system, in that their response is no longer dead-beat, but may continue for some time after the stimulus is over and may sometimes continue indefinitely once it has been started.

There is some uncertainty as to the origin of this continued activity. It may depend on an arrangement of nervous pathways into self-exciting circuits, the elements being no different from those in other parts of the nervous system, or it may be

that the cells of the brain are less stable, that they are much nearer the condition in which they would discharge spontaneously, like ciliated cells or heart muscle. This is a physiological problem which need not concern us. Whichever view is right, the essential difference between the nervous organization of the cerebrum and that of the simple reflex pathways seems to be expressed by this tendency to cell discharge which maintains itself indefinitely in a vast mass of cell groups. Thus in the brain the effect of an afferent message will be like that of an exhortation to a noisy crowd whereas in the reflex pathways it will be like that of an order to a silent and obedient regiment.

For evidence of this we must go to the animal as well as to the human brain. The α rhythm of the human electro-encephalogram is a simple and fairly uniform pulsation with a fixed rhythm and not much change in magnitude. It seems to be the characteristic rhythm of parts of the brain which are not in full use, for in animals it is clearly related to the sleepy, placid condition and in man visual attention must be excluded if it is to appear. We can regard it as a sign of the constant transformation of energy in the brain, but as a sign of the transformations which take place in repose. Some parts of the brain may remain in this kind of repose when other parts are fully active : in the active parts, however, the rhythms are faster and much more variable from moment to moment and from point to point.

Looking at the ceaseless electrical oscillations which take place even in the brain of an anæsthetized animal, one can scarcely avoid coupling together the continued activity of the mind and this constant discharging of the cortical cells. The cerebral part of the nervous system seems to be so constituted that it cannot keep quiet. Except in deep sleep where the whole system has a lower output, the α rhythm is the nearest approach to quiet that can be achieved.

In the cell units of the brain, therefore, the kind of activity which takes place is at least not completely unlike what might have been inferred from a knowledge of the mental origins of behaviour. The nervous organization no longer consists in the chains of conductors waiting passively to be fired off by the sense organs. It has a complex activity of its own made possible by its inherent structure and by the constant supply of energy at its disposal. But there is a further difference, for the behaviour which it produces is not merely a much more varied stream of activity of the same kind as that in the reflex, brainless animal. A reflex may be thought of as an act directed to a particular purpose, but it has only one way of achieving it. In cerebral behaviour, if one line of activity does not succeed, another one is substituted for it, and if all lines fail there may be emotional activity instead. It would be too much to expect that there would be any indications of this plasticity in the reactions of individual nerve cells, for we are dealing with the final product of the whole nervous organization. In whole animals, however, even though their nervous system is much simpler than ours, there are many examples of the substitution of one kind of activity for another when the first hsa failed in its purpose.

A physiological explanation is needed, for in many cases the mind, conscious or unconscious, can scarcely be involved. The simplest examples are in our own motor reactions, in our use of the left hand instead of the right if that is injured. A motor habit may be learnt by using a particular set of muscles activated by particular nerve cells in the spinal cord ; but if those muscles and nerve cells are out of action or are otherwise employed, the cerebrum makes use of some other muscle group. The nervous organization which allows this transference of activity to the most suitable motor pathway has a parallel on the sensory side as well. When we have learnt to recognize a particular sensory pattern we can recognize it again, although quite different afferent pathways may be employed to signal its occurrence. Again there is no restriction to the original route.

A great deal of work has been done by experimental psychologists on the problems of sensory equivalence and attempts have been made, notably by Lashley, to decide what kind of nervous organization would be needed to account for them. At present, however, we are more concerned with the efferent side, with the nervous organization needed for movement rather than sensation, since it is here that we might hope to find some parallel between the mental forces which control behaviour and the physical events in the nervous system. It must be admitted, I am afraid, that on the physiological side all that we can really claim is that we have become aware of the problem. The problem is to explain how fresh activity arises, how it is directed to a particular purpose, to an immediate or a far distant aim, and why it ceases when the aim is achieved. We have this mass of nerve cells in our brain in constant ferment, stirred up from time to time by the sense organs but drawing its energy from itself. Out of the general flux there will arise from time to time some localized disturbance, a repeated pattern of particular rhythms which tends to maintain itself. We must suppose that the particular configuration of this nervous pattern will determine a particular course of action. To take the simplest case let us suppose that the action is no more complex than that involved in moving the body from one place to another or in lifting a weight. Now, as a rule, the disturbance, the new pattern of rhythms in the nerve cells must remain a spur to activity until the movement is accomplished and until then the activity will flow through whatever channels are necessary. It will be necessary, for instance, to engage one group of muscle fibres after another as the weight comes up or as the body

moves forward. The activity will continue until the appropriate sequence of afferent impulses has signalled the accomplishment of the act, the arrival of the body in its new position, and we know that at each stage the sense organs will be sending in reports about the progress of the movement. These reports to the brain will reach and will probably modify the nerve cell disturbance which is the source of activity and in the end they will succeed in modifying it out of existence. On this view the nervous origin or counterpart of the urge to some particular kind of behaviour will be a focus of disturbance in the brain, a new pattern of rhythmic oscillation, which is so constituted that it will continue to arouse one kind of activity after another until it has been dissipated by the appearance of the particular afferent pattern which can neutralize it, and the neutralization will occur when the afferent pattern is the sensory counterpart of the behaviour which was implicit in the disturbing pattern. The two patterns will then cancel out.

A formulation of this kind will apply only to relatively simple trends of behaviour, scarcely to those in which a number of trials of different actions must be made before the solution is reached. But the dissipation of the disturbance by the production of its counterpart on the afferent side is worth considering because there are a good many examples of such a process even in the purely reflex mechanisms of the nervous system.

One such example forms an interesting link with the early history of psycho-analysis, for it was discovered by Hering and Breuer, the Joseph Breuer whose observations on a case of hysteria were the starting point of the Freudian system. Repressed memories of the Hering-Breuer reflex must form part of the unconscious equipment of all who have studied medicine. It is the reflex which controls the periodic movements of breathing by afferent impulses carried by the vagus to signal the expansion of the lungs. These impulses cut short the period of activity in the respiratory centre which brings the expansion about. They are the signals showing that the activity has achieved its aim. They signal the expansion of the lungs and quench the nervous discharge which made the lungs expand.

It may be a mistake to suppose that this back-signalling mechanism from the sense organs must always be involved in ending the tension, in quenching the disturbance in the brain which forces a particular line of behaviour. For example, breathing is still rhythmic after the vagi are cut, but there are many examples where reflex behaviour is completely guided by the sensory patterns produced at each stage. In many animals locomotion and posture are controlled in this way, and it seems a reasonable extension of the idea to suppose that cerebral or conscious behaviour must have the same kind of neural mechanism for directing the flow of activity into one channel after another and bringing it to an end when the object is achieved.

We may think, then, of the physical source of an act as a more or less stable pattern of electrical eddies forming itself in some part of the brain out of the constantly varying background of discharging cells. The pattern, like a system of ripples, may expand and dominate the brain for the time being or it may remain in the larval form, ready to grow when the conditions are favourable to it. When they are, it will spread into fresh areas as one set of nerve cells after another becomes involved in the pattern and eventually it will attain the necessary intensity to be associated with the emergence into consciousness of the idea which corresponds to its particular configuration, or to some parts of it. The motor activity which follows will be determined by the nature of the pattern and by all the conflicting claims to action which must also be satisfied. Partial achievement may be all that is possible, but as achievement is approached the sensory signals to the brain will dissipate the tension by providing a pattern which is in some way the inverse of the first. The two patterns will cancel and the field will be left clear for others to form.

This is the sort of picture to which we are led by the recent developments of neuro-psychology. It could be elaborated to include a great many nervous and mental phenomena, repression, transference of affect and so on. It has, of course, the cardinal difficulty of trying to equate the brain and the mind, but if we can swallow a nervous pattern as the equivalent of a thought the picture does not seem too fanciful. Its chief merit, perhaps, is as a sign of good intentions on the part of the neurologists for it is probably only one stage nearer the truth than the diagrams of nerve centres which were current at the beginning of the century. Certainly it has far less validity than the description of mental processes used in psycho-analysis, for it is much further from the observed facts.

It is a far cry from the nerve cell or even the cerebral hemispheres to the thoughts and desires of mankind and it would be scarcely worth speculating about their connection if it were not that the Freudian system invites it, by its insistence on the scientific analysis of mental forces. It is true also that by concentrating attention on the parts, the apparatus of nerve cells and sense organs, instead of on the whole organism, one is limited to the beginning and end of the activity. It would be mere guesswork at this stage to discuss the exact neural counterpart of such factors as conflict and repression or to try to assign one rôle to the cortex and another to the basal ganglia. Yet we shall have to do so before long, for the experiments of neuro-surgery on the one hand and of animal psychology on the other are rapidly forcing the issue. The effects of a frontal leucotomy on the patient's outlook needs a physiological explanation and it is likely to come from work on habit formation and neurosis in animals, work which leads both towards the physiology of nervous tissues and

the psychology of man. Masserman's attractive study of the frustrated cat and how to treat it shows the value of such a dual outlook. Unfortunately there are few people who have a wide enough range of knowledge to sustain it, but the leaders of psycho-analysis have set us an example by the range of their interests. Dr. Ernest Jones is a philologist as well as a psycho-analyst, and since, like Freud, he began as a neurologist as well, he will realize the difficulty I have had in finding words and ideas suitable to this occasion. Yet I hope he will also realize that neuro-physiologists are not unmindful of what he has done to bring the mind within the compass of natural science.

AN ADDRESS ON THE OCCASION OF PRESENTING HIS PORTRAIT TO ERNEST JONES

By SYLVIA PAYNE, London

[*** On July 3, 1946, at a meeting of the British Psycho-Analytical Society, Ernest Jones was presented with his portrait and addresses were delivered by Sylvia Payne, W. H. B. Stoddart, J. C. Flugel and J. Rickman. What follows is the address by Sylvia Payne.]

This meeting is a unique event in the history of the British Psycho-Analytical Society and is to do honour to the founder by the presentation of his portrait. The portrait, painted by the distinguished artist Mr. Moynihan, is not only a good portrait but also a fine picture. We are very glad that Mr. Moynihan is here tonight and wish to thank him for enabling us to give Dr. Jones such a valuable present.

In my opinion it is not often that an eminent scientist can look back over the most active part of his life with as much satisfaction as Ernest Jones should be able to do. To have had the vision and to have made the opportunity to join in Freud's work from the beginning when scientists in general held aloof is a distinction which places Dr. Jones in a class almost alone.

Jones treated psycho-analytically his first case in England in 1905, the first person to use this technique outside of German-speaking countries. In 1908 he met Professor Freud at the first Psycho-Analytical Congress in Salzburg, which he helped to organize. From that time he became one of the band of six men, Jones, Abraham, Ferenczi, Eitingon, Rank, and Sachs, who were intimately associated with Freud's researches and were instrumental in introducing psycho-analysis to other countries.

Jones occupied the Chair of Psychiatry in Toronto till 1912, and in 1911 he founded the American Psycho-Analytical Association and the American Psycho-Pathological Association. He returned to London in 1913 and founded the London Psycho-Analytical Society. I am going to ask Dr. Stoddart to speak of these early days, and Mr. Flugel to tell us of his association with Dr. Jones during the period in which the British Psycho-Analytical Society and the International Psycho-Analytical Association were founded. Then I shall ask Dr. Rickman to speak of the work which Dr. Jones did in connection with the establishment of the Institute of Psycho-Analysis and the London Clinic of Psycho-Analysis.

There was an important piece of work which Dr. Jones did for psycho-analysis in 1928. The British Medical Association appointed a committee, of which Dr. Jones was a member, to investigate psycho-analysis, and as a result of his activity the committee ruled that only those trained by Freud's method by the Institute of Psycho-Analysis had the right to be called psycho-analysts. This was a vital decision and established psycho-analysis as a specific branch of psycho-therapy in England.

To turn to more personal matters, I should like to say that I worked with Ernest Jones on the Board of the Institute and on the Training Committee from 1929 to the time of his retirement, and have been astonished at the amount and quality of the work which he did. He never spared himself and directed the meetings with great skill and courtesy. I feel sure that all the older members of the Board will look back at those meetings held in Jones' beautiful Regency House in York Terrace with gratitude and admiration. Many of us can say that he never failed to give us support and friendship and the benefit of his wisdom and understanding. I confess what I like best to recall is Ernest Jones delivering one of his splendid scientific papers at a meeting of the Society or in the Chair at a business meeting at one of the International Psycho-Analytical Congresses. The more argumentative the audience the more Dr. Jones enjoyed himself and he inevitably got his own way. I am hoping to see him in the Chair at the next congress.

One of his most spectacular actions was to fly to Vienna at the time of Hitler's invasion of Austria to help Professor Freud, his family and colleagues. He was instrumental in bringing about their escape to England, and was untiring in the work he did for colleagues and friends who had to escape from the Nazis. It was due to him mainly that Professor Freud was able to spend the end of his life in peace and safety.

I will now ask Dr. Stoddart to speak.

A VALEDICTORY ADDRESS[1]

By ERNEST JONES, London

Hitherto whenever it has fallen to my lot to accept any honour or compliment I have been able to do so, and thus support my natural diffidence, in the name of the many colleagues whom I happened to represent. But on the present occasion, when the gift takes the form of a portrait of myself, and is accompanied by the establishment of an annual lecture in my name, it did not need your President's over-kind words of gratulation to assure me that this time there could be no mistaking the very personal expression of friendliness it was being my fortune to receive. For this I thank you with the warmest reciprocal feelings. We know how few are those who are entirely free of any need of recognition, or craving for the reassurance that it brings, and I do not claim to be of that elect band, if indeed it exists at all; but I can surely say that any such response is overshadowed by the more positive one of sheer pleasure in such gratifying tenders of friendship, tenders to which I can never remember failing to respond. Believe me, therefore, when I say that you have succeeded in your evident aim of giving me very great pleasure.

May I add a word or two about the gifts themselves? A leading newspaper said of the portrait, when it was being exhibited, that it was of a man who possessed no sense of humour, which, my friends will agree, only shows that even art critics are not always infallible. Since ancestral galleries are not in harmony with current fashions I shall be proud if the Institute will consent to accept the portrait as a memento of its founder. As to the lecture, it should seem to me to fulfil a most useful function if it can continue to lure from the outside world distinguished men of Professor Adrian's elevation to address us periodically and inspire us with broader perspectives than our specialized work can in its nature do.

You will expect me on this occasion, which may well be a leave-taking from the Society to which I have given so much of my life, to pass in brief review the reflections it must naturally bring to one's mind: reflections pertaining to the past, including the crucial years in the development of psycho-analysis, the present and the future.

It is more than forty years since I began to practise psycho-analysis, and I have wondered recently how we should at that time have pictured the present status of our work. I do not remember any of us deliberately speculating on what would be the position of psycho-analysis so far ahead: we were too much preoccupied with our current problems. It is somewhat hazardous to do so now in retrospect, but I am persuaded that had we been able to foresee the future we should have been very surprised in two respects. We should have not expected either the great lessening of external opposition in the years ahead nor the access of internal resistances among ourselves. I think we imagined ourselves remaining for a rather indefinite number of years a relatively small band of colleagues fighting tenaciously against the opposition of the outer world. Actually in the first ten or fifteen years this opposition was more intense than it is now easy to convey to a generation whose attitude towards sexual topics has so extensively changed since Edwardian times. It cost a considerable struggle, and needed a considerable measure of moral courage, to hold our own against it, and to survive at all. Those were the days of the so-called psycho-analytical movement, a term which personally I always deprecated as smacking too much of political propaganda. In more than one country there was talk of invoking the law to prohibit our heinous activities, and every kind of vituperation was directed against us. Freud once remarked, at the time of Jung's defection, that only Jews could resist such intense social opprobrium, but I suppose I was an exception that proved the rule. We saw very little prospect of interesting the world of science in psycho-analysis: in particular, of engaging the attention of psychologists, general psychiatrists or the medical profession at large.

The scene is vastly changed to-day. Psycho-analysts have achieved an increasing respectability, their technical terms and conclusions are everywhere quoted, their opinions are sought after by the Press and even the B.B.C. (where they have reached the pinnacle of the Brains Trust), and—far more important than any of this—their relations with their medical colleagues are on a serious professional basis. Psychiatrists have even been known to exhibit a shamefaced expression on admitting their imperfect acquaintance with the unconscious mind; and among educationalists, and, even *sub rosa* in certain ecclesiastical circles, the doctrine of original sin as an explanation of all vagaries of social behaviour is very much at a discount. The Victorian shocked attitude at the idea of sexual perversions or the possibility of sexual 'precocity' among children is rapidly disappearing since Freud's relation of these phenomena to comprehensible aspects of development.

I could easily go on elaborating these apparent successes resulting from our work, but in place of lulling you into a sense of self-satisfaction I consider it more profitable to warn you against accepting them at their face value and to direct your attention to some deeper implications. Freud himself was under no illusion concerning them, in spite of the honours many public and scientific

[1] Delivered before the British Psycho-Analytical Society on the occasion of being presented with a portrait—July 3, 1946.

bodies had bestowed on him. Just as he knew of no evidence that man's mental and moral nature had changed a whit since the advent of civilization 10,000 years ago, so shortly before his death he told me that in his opinion the resistance of society against psycho-analysis, i.e. against knowledge of the unconscious, had in no way diminished during the half century of his labours ; it had only become slightly camouflaged. This is an extreme view, to be sure, and it perhaps needs some modification. But what Freud doubtless had in mind was the analogy between, or rather the identity of, social resistance and individual resistance as manifested in our daily work. We are familiar with how the initial defences of a patient, such superficial ones as shyness or prudishness, often crumble rapidly as the analytic work gets under way. But we expect—and we are never disappointed in this—that they will surely be replaced by firmer and more formidable defences to broach which will task all our skill and patience. Now it is highly probable that the same sort of thing has been happening with what may be called the social resistances. The reactions of panic and anger which the impact of psycho-analysis evoked at first have to a great extent subsided, but the question is what defences have taken their place ? Whatever they are, society evidently feels much safer behind them than in its original precarious position, while on the other hand it cannot be denied that the life of the psycho-analyst has been rendered far more comfortable. But anyone who makes comfort his first aim in life is ill-advised to adopt the profession of psycho-analyst, since his progress will be extremely limited. Therefore, while being thankful for being allowed to continue our work in comparative peace, and to make a living with no very great difficulty, we should be under no illusion concerning the social influence of psycho-analysis.

The question may very reasonably be asked : why need we trouble ourselves at all about the social effects of our work ? In its essence, it may well be maintained, it is a scientific investigation having no other aim than the elucidation of the truth, and so long as we are allowed to pursue this is it not the end of the matter ? To the purist it will no doubt seem so, and I should be the last to appear to detract from this high principle, which has always been the main guiding one of my life. Nevertheless, while belief in principles is of the highest value, it does not exempt one from the desirability of from time to time re-examining even them. Our psychological knowledge permits one to doubt the possibility of anyone being actuated solely by any single motive, such as the search for truth, so that it behoves us to inquire into the nature of other ones with which it has probably become blended, or, if you prefer, alloyed. And, indeed, we have an obvious example to hand in our daily work. After all, this consists in carrying out an investigation with a predetermined therapeutic aim, the relief of neurotic suffering. There must be very few analysts who regard this activity as nothing more than the yielding of material to further their scientific inquiries. After making all allowance for the cardinal importance of objectivity, we know we should not succeed in the therapeutic purpose in which we are engaged if we were not also actuated by more human, i.e. personal, motives of a social order : friendliness towards our fellow beings, desire to help them in difficulties, and so on. In other words, we undertake, and we feel, a moral responsibility towards our patients. Then there comes a further step in my argument. Should this responsibility be strictly confined to the patients who seek our help, or should it extend beyond them to the many others whom we know to be in need of similar help. Knowledge is said to give power, and very often it does. Now what degree of responsibility should be felt, or is actually felt, by those possessing such power ? Clearly an individual question, but one worth pondering over. I myself, as do most of you, belong to a profession whose tradition it is to shoulder a good deal of such responsibility. Any doctor who discovers a useful therapeutic agent publishes it as a matter of course, and certainly not only for reasons of prestige ; to keep such knowledge from his colleagues, and their patients, would seem to him intolerably anti-social behaviour.

Knowledge of the unconscious mind certainly gives power, some actual and probably far more potential. When one thinks of the incalculable mass of neurotic misery in the world it is plainly our duty, and we have always acted on it, to inform our medical colleagues that important discoveries have been made about the nature and causes of this suffering, and further that they have put in our hands a valuable method of alleviating them. How much further should we go in trying to persuade and argue with those who deny the truth of these discoveries ? That is a matter of temperament, partly of pugnacity, but when we go further do not let us deceive ourselves into the belief that we are acting purely from a sense of duty. All sorts of other motives come into play at once : intolerance of opposition because of the need of the reassurance that the assent of others gives, desire for prestige, success and recognition, and so on. We are then on the downward path leading to propaganda in the worst modern sense of the word and are diverging widely from our proper aims. Furthermore, experience teaches that such efforts are not only wasteful of emotional energy and concentration, but are mostly futile. To combat openly is to stimulate defences and resistances. I cannot plead being altogether guiltless of such endeavours in my time, but I soon learned that there was a better method of dealing with opposition. And I learned it from two of the greatest of men, Darwin and Freud. For different temperamental reasons these men countered the savage

attacks on their work in a very simple way—by producing more work. They showed by their example that the best answer to opponents of their discoveries was to make more discoveries, to continue their researches undeterred by the clamour. And that is the answer I give to those of my young critics who say I should have pursued more active propaganda. I have tried both ways and am convinced it is better to content oneself with publishing the results of one's work, in books, lectures, discussions before societies, or other means open to one, and to refrain from wasting time and effort in fruitless arguments which in any event will before long prove to be ephemeral. I advocate, therefore, a balanced attitude towards the matter of our relation with the outer world, and the avoidance of the extremes of isolation and of pugnacity. Those who adopt it, however, must expect to be heckled by extremists, and must bear that with what equanimity they may.

All this leads to a far graver and more difficult problem. There is much talk nowadays of the social responsibility scientists bear for the general consequences of their discoveries, and the British Association has so far acceded to this demand as to institute a special section dealing with the social aspects of their work. In previous centuries scientists were prone to repudiate all such responsibility: partly on the ground that it should lie with those who decide what use to make of their discoveries, partly because the practical uses are often impossible to predict beforehand, and partly because they did not wish to be distracted from concentration on their legitimate and intricate occupation. One cannot but sympathize with these grounds, just as one does with a surgeon who tries to heal a broken arm irrespective of whether it will in the future commit a murder or not. The case is perhaps different, however, when it is a question of a purely beneficial effect potentially inherent in a scientific discovery, and the question may well arise then whether the author of it is not under some degree of social obligation to further the making use of his work. The present emergency in which the world finds itself, for example, is plainly connected with themes very familiar to psycho-analysis. The gravest imaginable disasters to the whole world may come about or be averted by the action of a relatively small number of men and will depend on how freely their minds are able to function. We see on every side a nursery atmosphere of suspicions, misunderstandings, malice, greed and other troublesome features of the international arena all of which are familiar to us as expressions of underlying anxiety and guilt. We know that we have a special knowledge concerning the nature and origin of these difficulties, and were we only given the opportunity could do much to alleviate them. What responsibility have we in this terrible situation where we could help and yet are in fact so very helpless? The very mention of such possibilities must surely bring home to those who plume themselves on the progress in the status of our work how practically untouched the social resistances to it still are, and how far those in need of our help are from taking seriously the very existence of such help. How many years will pass before no Foreign Secretary can be appointed without first presenting a psycho-analytical report on his mental stability and freedom from complexes? This is not the place for me to develop further this theme, weighty though it is, but I would suggest that a very profitable study could well be made of the nature and variety of what I have called the social resistances to psycho-analysis.

The second, and much more painful, surprise the analyst of forty years ago would encounter on viewing the present state of our work is the extraordinary divergencies among psycho-analysts: in theory, in technique, and above all in personal relationships. At that time complete unity in all these respects was taken for granted, and the degree of harmony that existed among us remains as one of my happiest memories. To some extent, doubtless, it was due to the intense external opposition, just as we see a country uniting in face of a common danger and then relapsing into factions as soon as the danger vanishes. This, however, we did not foresee. Moreover, many of the divergencies in question are entirely healthy, resulting as they do from various advances in knowledge which in their nature are sporadic and limited to small groups at a time. The early analysts were in close and constant touch with one another, but now that the practice of analysis is so widely diffused through most countries of the globe one can no longer expect its exponents to march evenly in line. Another feature that was not foreseen in early days, when we regarded ourselves as impervious to racial, national or social influences, is the extent to which these environmental agencies can affect not merely an analyst's social or political outlook, which is perhaps inevitable, but the very nature of his daily work and the theories he forms of his analytical experiences. It cannot be chance, for instance, that in America, where quick returns are often rated higher than plodding work, we hear of much shorter analyses than we are accustomed to in Europe, and read case reports which look more like anamneses than analyses; or that in Asia preoccupation with religious philosophy strikes an unwonted note.

Leaving aside all these considerations, however, we must face the fact that the greater part of the divergencies and discords proceed from more personal sources, however much they may be disguised in the garb of theoretical differences. It has fallen to my lot to be behind the scenes, so to speak, in a number of those painful situations and I have no manner of doubt about the conclusion I have

just enunciated. It presents an extraordinarily difficult problem because of the obvious impossibility in most cases of coming to close quarters with the personal factors concerned. It can, therefore, be attacked only on general lines. I will submit to you a few such general inferences that I have had to draw from this state of affairs. The first is pretty evident: namely, that to achieve anything like complete freedom and inner harmony by means of psycho-analysis is even harder than we sometimes like to think. One often underestimates, but never exaggerates, the strength of the resistances both in the individual and in society at large. Allied to this reflection is the thought that there may well be an innate factor akin to the General Intelligence G, the nature of which it still remains to elucidate, but which may be of cardinal importance in the final endeavour to master the deepest infantile anxieties, to tolerate painful ego-dystonic impulses or affects, and so to attain the balanced mentality that is our ideal. It has occurred to me further that if such a factor can ever be isolated it may prove to have a physiological basis which will bring us back to the often neglected problems of heredity. The capacity to endure the non-gratification of a wish without either reacting to the privation or renouncing the wish, holding it as it were in suspense, probably corresponds with a neurological capacity, perhaps of an electrical nature, to retain the stimulating effects of an afferent impulse without immediately discharging them in an efferent direction. If our knowledge progresses along such lines as these it should in time provide us with a more objective criterion for the selection of future practitioners of analysis than any we at present possess. For there can be little doubt that analytic work imposes a greater strain on mental stability than almost any other activity one can think of. I am convinced that many people who manifest neurotic characters when engaged in such work would have remained satisfactorily stable had they devoted themselves to occupations demanding no immediate daily contact with the unconscious.

These are all the retrospective considerations I wish to bring before you on this occasion. As to the present situation in the analytical world I am, of course, especially concerned with the desirability of re-establishing the broken or impaired contacts among the numerous psycho-analytical societies in the new and the old hemisphere. It has been gratifying to discover that more and better nuclei of the Continental ones have survived the stresses of the war than we at one time thought likely, though there have been many deplorable losses among our colleagues in various countries. I intend soon to take up the question of the relations between the American and European groups, which the outbreak of war left in a state of suspension, and I do not know of any reason why it should not be satisfactorily solved.

To my mind the outstanding feature of the present time in our work is the remarkable diversity, not merely within any individual group, but also among the various societies. This is a very different state of affairs from, say, thirty years ago, when we could postulate a very similar level among all the groups then existing. The difference now is due to both internal and external factors. The most obvious of the latter ones depends on the age of the group. In places where psycho-analysis has been long established, like London or New York, the attitude of the community is very different from that in an area where it has only recently been heard of, like Australia or South Africa. By now one has become familiar with the rather stereotyped phases which the advent of psycho-analysis seems to induce in one country after another. There is first the outcry of reprobation, accompanied always by queer misunderstandings and distortions of what psycho-analysis is supposed to be, then after a short phase of obscene witticisms among the intelligentsia the topic becomes a social vogue, with the opposite extreme of optimism concerning its power to work immediate miracles, and this is then followed by a grudging verbal acceptance with extensive affective discounting, one with which we are all familiar in this country. A noteworthy feature of present developments is the growth of psycho-analytical work in Latin countries, especially in South America. Publishers are competing for translations in both Spanish and Portuguese, and we have recently recognized two promising new societies there. The internal diversities, often amounting to divergencies, are to be found, as is to be expected, in larger established societies, particularly in the United States where perhaps the social attitudes of separatism and independence are favouring factors. The difficulties of transport and passports will evidently prevent any comprehensive reunion with our colleagues in other countries for some little time ahead, but when that event takes place it is sure to be extraordinarily interesting.

Finally, what can I say of the future of psycho-analysis? Prediction in this uncertain and changing world is notoriously a thankless occupation, and I am not prepared to take risks with any reputation for judgement I may possess. It may be more useful to try to influence the future in some small respects, and that I propose to attempt in the few words I am devoting to it.

In the first place it seems to me too late to hope that an attitude widely held in the early days of analysis can now be reinstated: I mean that which believed in not simply a close unity among analysts, a laudable enough aim, but in a veritable identity of their theoretical conclusions, their technique and their practice. The impossibility of this ideal is being recognized, and it is being replaced by the more practicable, though difficult enough, endeavour to distinguish between what constitutes the

essential characteristics of psycho-analysis and what are superimposed and more varying features. Here we cannot do better than follow Freud's own definitions. Psycho-analysis is simply the study of mental processes of which we are unaware, of what for the sake of brevity we call the unconscious. The psycho-analytic method of carrying out this study is that characterized by the free association technique of analysing the observable phenomena of transference and resistance. As Freud himself said, anyone following this path is practising psycho-analysis even if he comes to conclusions different from Freud's, as I myself have on several occasions, and it is plain that we should be forsaking the sphere of science for that of theology were we to regard those conclusions, much as we must respect them, as being sacrosanct and eternal. Whether we like it or not, we are compelled to take some risks in this matter, risks which in the earlier days of analysis were thought to be too great to face. After all, we have the excellent example of medicine before us. There, provided a person has passed through a thorough grounding in theory and practice, and has attained a definite standard of knowledge, he is subsequently free to modify both the theory and practice of what he has learnt. The assumption is that what is true and valuable may safely be left to future experience to decide, and that good and bad practitioners will in the course of time get sorted out. I know well, no one better, how much vexation the sight of inferior and perverted work inflicts, but I see no way of avoiding that. We must act on the same principles of freedom and tolerance as hold in all other branches of science if we wish to belong to a scientific profession.

It must by now be clear that the future of psycho-analysis, certainly in its day to day therapeutic work, is bound up with its relationship to medicine. A wider acceptance of psycho-analytical doctrine can come about only in this way. The idea of an independent profession which some analysts cherished a quarter of a century ago is one that belongs to the past. In the controversy about lay analysis that took place about that time, one which seriously disrupted whole Societies and nearly split the International Association, I took the stand which I still do. It was clear to me that if admission to the ranks of practising analysts was *equally* open to medical and non-medical candidates the result in time would be a flooding of the latter, who would have little inducement to work through the arduous medical curriculum unnecessarily, and a gradual desertion of the former. We should in fact develop a separate and non-medical profession, which in my opinion would prove most injurious to the interests of our work. I held therefore that it should be an exception for a non-medical candidate to be admitted to training, and that this should be done only when he possessed pre-eminent psychological gifts. In practice no other Society has been as liberal as ours in admitting non-medical candidates, and most societies in the world have barred them altogether. I maintain that the results have justified my policy. If anyone asserted that, in consequence of this strict selection, the talents of our non-medical analysts are greater than those of the medical ones, and their standard of work higher, I do not think it would be easy to refute it. We have the best of two worlds : our Society is fundamentally a medical one, but we have enlisted from elsewhere a number of exceptionally valuable members.

As to the approach to the medical profession, I think this needs to be primarily an indirect one. Instead of starting with any attempt to initiate them into the contents of the unconscious we need first, just as with our patients, to get them to realize the existence of the problems themselves. By that I mean the extraordinary frequency of neurotic reactions, the serious import of them and the severity of the suffering they bring. A great deal has already been done in this direction, and it is only fair to acknowledge that non-analytical psycho-therapists, with their wider access to publicity than we have ever aimed at, have here made a valuable contribution. The medical profession, and the world at large, is far more neurosis-conscious than it was forty years ago. Most doctors admit freely the existence of what they call a psychological element with the majority of their patients, and even accept it as an ætiological factor with many somatic conditions. All this is, of course, a very long way from appreciating the nature of unconscious activities, but it is a first and essential step. I hope this consideration will be borne in mind when the time comes for teaching medical students. I would rather provide them with first a biological and then a clinical approach than begin with a psychological one.

The word biological reminds me of something I wish to say about the fundamental aims of our investigations. In the first place we are, of course, concerned with the highly complex interplay of the various forces in the unconscious mind, and with the resulting influence on consciousness and on behaviour. But I do not think the spirit of inquiry can rest there. It will seek to comprehend something about the very nature of these forces, including their biological origin. The Germans have a beautifully non-committal word *Trieb*, which Americans have translated by the useful term ' drive '. It applies to any driving force whether innate or acquired, and it can even be used, as Freud did in the phrase *Todestrieb*, to designate a general tendency immanent in all nature. Neither of these meanings has a specific biological connotation, as the English word ' instinct ' has, and therefore it is misleading to translate the word *Todestrieb* by the expression ' death instinct ' or *Aggressionstrieb* by ' aggressive instinct '. To ascertain what exactly comprise the irreducible

mental elements, particularly those of a dynamic nature, constitutes in my opinion one of our most fascinating final aims. These elements would necessarily have a somatic and probably a neurological equivalent, and in that way we should by scientific method have closely narrowed the age-old gap between mind and body. I venture to predict that then the antithesis which has baffled all the philosophers will be found to be based on an illusion. In other words, I do not think that the mind really exists as an entity—possibly a startling thing for a psychologist to say. When we talk of the mind influencing the body or the body influencing the mind we are merely using a convenient shorthand for a more cumbrous phrase such as ' phenomena which in the present state of our knowledge we can describe only in terms that are customarily called " mental " (emotions, phantasies, etc.), appear to stand in a chronological causative sequence to others which at present we can refer to only in somatic phraseology '. It is purely a matter of convenience and accessibility of approach whether we use one language or the other for our empirical purposes, and it would not be at all surprising that when a common formula is discovered for both it will be expressed only in mathematical terminology, as appears already to have happened in the physicists' attempt to define matter. In the meantime, therefore, do not let us beg the question by asserting that we have already isolated various mental elements, i.e. instincts, when we are probably still a considerable distance from that desirable goal.

It may seem to some of you that the tenor of my remarks may in places have been over-liberal in tendency, lacking in sufficient dogmatism or possibly even conviction. My sense of conviction, however, lies deeper. It is attached to a belief in the ultimate power of truth, and it is this that enables me to advocate with some confidence a greater tolerance towards diversities or even divergencies than is sometimes exhibited.

NOTES ON DEVELOPMENTS IN THE THEORY AND PRACTICE OF PSYCHO-ANALYTICAL TECHNIQUE [1]

By S. M. PAYNE, London

The recognition of considerable variations in technique amongst members of the British Psycho-Analytical Society is a good reason for studying again the historical development of technical procedure with the purpose of reviewing the relationship between differing techniques.

It appears that some variations in technique depend partly on a difference in the emphasis placed on the relative importance of changes which take place in the mind during the course of the treatment, and partly on differences of opinion on the time in the treatment at which particular resistances should be dealt with.

In this communication I shall make a brief and in no way comprehensive survey of developments in technical procedure with comments on problems which arise in connection with the relation of theory to technique. The last section of the paper will be devoted to the aim of the therapy and a discussion on the changes which take place in the mind during a successful treatment.

The development of the theory of technique and the theory of therapy has gone hand in hand with the increase in knowledge gained as the result of clinical experience and the formulation of a metapsychology appropriate to the observations made in the consulting room.

Freud's abandonment of the technique of hypnosis for that of analysis was the essential step which initiated a scientific approach to psycho-therapy. The relationship between hypnotist and patient was explained later when the dynamics of psychical relationships were understood and expressed in psycho-analytical terms. The hypnotic state is now regarded as a revival of a repressed relationship between child and parent in which the repressed parent imago is projected on to the operator. In order that this may take place, parts of the ego of the patient are rendered temporarily functionless, by withdrawal of cathexes. According to Rado (1925) the therapeutic result depends on the fact that a release of unconscious libidinal tension is experienced by the patient through the hypnotic relationship to the hypnotist. Anyone who has practised hypnosis on a favourable subject will agree that the patient may awake from the hypnotic sleep as much refreshed as if he had had a deeply gratifying experience.

Freud discovered by using hypnosis that the recovery of the memory of past experience brought about the disappearance of an hysterical symptom. He recognized at a very early stage in his research work that the dynamic factor in the technique was the relationship between the analyst and the analysand. He writes (1912): ' This struggle between physician and patient, between intellect and the forces of instinct, between recognition and the striving for discharge, is fought out almost entirely over the transference manifestations.'

In the same article he introduces and describes general principles governing transference manifestations such as the importance of acting out in

[1] Based on a paper read to the British Psycho-Analytical Society on March 6, 1946.

the analysis, in fact he shows how the whole conduct of the patient during an analysis is part of the transference situation and must be regarded as such.

In 1912 Freud had not formulated his metapsychology and the study of the ego as such had not taken place, but he pointed out the necessity to analyse the transference as a resistance and thus introduced the problem of the analysis of resistance in addition to the original aim which was making the unconscious conscious.

A new phase in the understanding of technique and therapy was entered when the attention of analysts was directed to the study of resistances.

Another way of speaking of the same problem is to talk of the study of the analysis of defence mechanisms. Repression was the first defence mechanism to be described. It is now recognized that the technique of the analyst must be prepared to cope with any of the defence mechanisms employed by the mind to guard the ego from anxiety situations.

Following Freud's formulation of the structure of the mind into ego, super-ego and id, it becomes possible for the analyst to distinguish between resistances in the treatment receiving their main support from the id, super-ego or ego, although all resistances must ultimately be manifested through the ego. Similarly the success or failure of the therapy will depend on the final changes which take place in ego organization: whether, for example, primitive unconscious parts of the ego continue to determine behaviour by keeping in being the primitive defence mechanisms of projection and introjection; whether, in cases where genital development has been partially secured, repression is sufficiently overcome to establish adequate ego integration. The further the knowledge of ego formation and structure is carried, the more complex becomes the economic aspect of the technique.

The first international symposium held on the theory of technique and therapy took place at Salzburg in 1924. In this symposium Sachs (1925), amongst other points, stressed the importance of transference as a manifestation of repetition compulsion. Rado (1925), besides expressing his views about what takes place in the hypnotic situation, suggested that the analyst was introjected into the ego of the patient as a parasitic super-ego. Alexander (1925) laid special emphasis on the necessity of eliminating the archaic super-ego and transferring the function of the super-ego to the reasonable ego.

It was at this symposium therefore that attention was drawn to the nature of the changes which take place in the patient's ego as a result of treatment. These contributions were followed by several writings by Reich (1927) putting forward the importance of analysing the whole personality. The importance of his work lay in the emphasis placed on the economic factor in interpretation.

In 1934 two papers were published on the theory of therapy, one by James Strachey (1934) entitled 'The Nature of the Therapeutic Action of Psycho-Analysis,' and a second by Richard Sterba (1934) entitled 'The Fate of the Ego in Psycho-Analysis.' Strachey's contribution is the most comprehensive attempt that has yet been made to describe what happens to the ego in the treatment, and at the same time he discusses in detail the economic aspect of interpretation. Strachey considers the relationship of the patient to the analyst from two points of view. The first concerns the projection of unconscious archaic imagos on to the analyst, the transference proper, and the second concerns the introjection of the analyst into the super-ego of the patient as a result of treatment. In his paper he emphasizes the necessity for the patient to distinguish between the phantasied object which he projects on to the analyst, and the analyst as he really is. The interpretation which has the most dynamic significance and is economically correct (in his view) must throw light on the id impulse associated with the projected imago and must contain reference to an immediate situation the interpretation of which aids the separation of the phantasied and real object and promotes an introjection of the real person of the analyst. Strachey calls this a *mutative* interpretation. The principal effective alteration in the patient's mind, in Strachey's view, consists in a profound qualitative modification of the patient's super-ego, from which the other alterations follow in the main automatically.

I should like to draw attention here, in view of the discussions which subsequently took place, on the relative importance of interpretation of content and interpretation of defence, that Strachey's mutative interpretation includes interpretations of both kinds of impulses. The id impulse is represented in the character of the projected imago and the defence mechanisms of repression and projection are revealed when the distinction between the projected imago and the real analyst is recognized.

Sterba's paper is concerned with the fate of the ego in psycho-analysis. He describes three functions of the ego: (1) it functions as the executive organ of the id and is the source of object cathexes; (2) its organization fulfils the demands of the super-ego; (3) it experiences by testing reality. He contends that as a result of analysis the subject's consciousness shifts from the centre of affective experience to that of intellectual contemplation. Following the interpretation of positive transference resistance, he considers a splitting of the ego is induced, which is now divided into an analysing observing part and the ego as it was before. The analysing part of the ego is identified with the analyst.

In my opinion the process thus described is of the same nature as that described by Strachey, the

difference being that Sterba speaks of the ego and Strachey of the super-ego as being modified by an introjection of and identification with the analyst.

The years following the publication of these two papers were characterized by developments of technique in two directions. Both tendencies involved the realization that to produce lasting results analysis of resistance must be regarded as essential. The two developments had of course much in common, the differences lie in emphasis rather than in opposing ideas.

One development can be described as the systemization of the interpretation of ego resistances with the aim of uncovering the unconscious significance of modes of behaviour and character traits in so far as they operate as defence mechanisms. The interpretation of transference to the analyst is regarded as the interpretation of a resistance but not to the exclusion of other forms of resistance.

The other development aims at using transference interpretation at the earliest opportunity, utilizing a systematic employment of a transference interpretation whenever reference to a personal relationship takes place. The object being to set in operation the transference neurosis as quickly as possible.

Contributions on the subject of the interpretation of ego resistances appeared in the literature, chiefly in 1936. Anna Freud's book *The Ego and the Mechanisms of Defence* (1936) paved the way to a systematic study of ego defences.

At the Marienbad Congress in 1936, Bibring (1937) contributed a paper to the *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*. In this paper he dealt with the changes which take place as the result of therapy in the super-ego and ego respectively. Perhaps the particular contribution he made lay in the emphasis placed on the pedagogic influences in the treatment which he thinks must contribute to the attainment of success.

Nunberg (1937) expressed again his opinion that abreaction and the synthetic function of the ego were the main factors in bringing about a cure.

Fenichel (1937) put forward his views on the dynamic and economic aspect of Therapy which are expressed in his book *Problems of Psycho-Analytic Technique*.

Strachey (1937) expanded further the ideas put forward in his first paper.

With the exception of ideas expressed in Strachey's paper, these contributions are mainly towards a systemization of technique from the point of view of interpretation of ego resistances. Obviously if this can be done it is of great advantage, but at the same time there is a danger, namely, that psycho-analysis can approximate to either a pedagogic or a suggestive process according to the fixed pattern of approach which is adopted. Reik is the analyst who has written most emphatically against the systematization of analytical technique. In his book entitled *Surprise and the Psycho-Analyst* (1937), he lays special stress on the value of intuitive interpretation and the therapeutic benefit of surprise to the patient. Many psycho-analysts will agree up to a point with Reik and will affirm that intuitive interpretation, at the present time anyhow, plays an important rôle in a successful analysis and that a surprise reaction on the part of the patient may indicate that the interpretation given is economically correct. The use of the term intuitive is inexact and not easily defined because analytical experience increases the conscious perceptive powers of the therapist with the result that the same interpretation may be described as intuitive by one observer and logical by another.

The aim of all psycho-analysts when once the significance of resistance analysis was realized was to give the interpretation which is economically correct. The interpretation which is economically correct is not so because the resistance is unconscious or preconscious (it may be either) but because the psychical situation concerned is cathected at the moment and is pressing for recognition. A full appreciation of this definition of the interpretation which is economically correct shows how difficult it is to rule and regulate interpretation.

Anna Freud, Fenichel, Bibring and other experienced analysts hold the view that the analysis of instinct derivatives and the defences against them is as important as direct transference interpretations. For example, the analysis of remembered adolescent phantasies and the character traits which have been moulded in defence of these phantasies together with the recognition of the part played by parent substitutes, all the material perhaps being preconscious, may be as essential as the analysis of unconscious transference because they depend for their maintenance on the same repressed instinct impulses as the transference to the analyst.

The question arises as to the part played by an unconscious transference situation while the analysis of preconscious material is proceeding. The answer to the question is that transference does not automatically operate as a resistance unless it is a transference of a repressed imago. A transference interpretation is not economically correct unless the situation being experienced is being relived with the analyst.

Strachey (1937) has pointed out that the analyst is introjected in the super-ego of the patient as an auxiliary super-ego before the 'mutative' interpretation can be brought about. Bibring (1937) speaks of early pedagogic influence which favours the opening stages of the analysis. Fenichel (1937) refers to the silent development of the transference.

This preliminary aspect of the transference

which can precede the development of the main transference neurosis comes about, in my opinion, as a result either of the analyst directly interpreting to the patient in the early sessions what the patient is feeling with regard to the treatment (for example, that he is afraid of being dominated, or criticized, or he is suspicious of doctors and analysts as a class), or as a result of the understanding and tolerance shown by the analyst in connection with the material presented by the patient. In the first alternative there is a transference situation and the interpretation is a transference interpretation. The result is an introjection of a mild super-ego. In the second alternative a transference situation is brought about without interpretation and produces the same temporary change in the patient's ego.

Whether the preliminary type of transference interpretation is necessary will depend chiefly on the illness of the patient though partly on the personality of the analyst. Whilst it is possible that in the opening sessions with a patient who has considerable ego organization the analyst may be compared to a tolerant teacher with whom identification takes place very easily, yet the analytical procedure with the request for free association and the lack of direction very speedily makes the analogy inappropriate.

Extra-transference interpretations which are accepted without stimulating greater resistance result in a strengthening of the identification with the analyst introjected as an auxiliary and more tolerant super-ego, so that this aspect of the transference situation is progressive and preliminary to the projection of unconscious imagos on to the analyst. We have all met with cases in which the identification with the analyst becomes a powerful resistance and promotes an intellectual analysis rather than one in which emotional experiences are relived.

Another question arises in connection with the economic correctness of transference interpretation in the early phases of analysis when there is guilt and anxiety in connection with preconscious material and real parents or their substitutes. The most cathected material is often at this stage connected wtih real events and transference interpretation too speedily given may provide a way of escape and promote isolation of certain parts of the patient's life.

The conclusion arrived at is that the correctness of transference interpretation is estimated by the same criteria as the correctness of extra-transference material, namely, by the evidence shown in the material and the state of resistance. Any stereotyped form of transference interpretations will be liable to interfere with the progress of the case.

More has been written in detail about the interpretation of ego resistances than about details of transference interpretations.

Anna Freud in her book *The Ego and the Mechanisms of Defence* (1936) distinguishes three types of transference : (*a*) transference of libidinal impulses, (*b*) transference of defence, (*c*) acting in the transference.

The work of Melanie Klein on the earliest phases of ego development when the little child in its phantasy animates its impulses and projects and introjects phantasied objects, opens up another group of transference phenomena, in which the analyst takes over the rôle of various introjected objects and parts of the ego. It has always been recognized that the analyst may represent the super-ego on one occasion and the id on another. The present work is an extension of this ; just as the manifest content of certain dreams represents an animated picture of an action which is taking place endopsychically so parts of this action can be relived in the transference situation.

The type of object relationship which is repeated in the transference situation must be that which belonged to the original situation and the interpretation corresponds in its form. For example, when the repetition compulsion has put into the transference a repressed experience in which a child of four suffered a severe frustration at the hands of one or other parent and reacted with hate which was manifested in action, the situation requires interpretation including historical events, behaviour of real parents as well as the interpretation of phantasy and feeling. If, however, the transference situation repeats a much earlier pregenital psychological event in which the psyche is dominated by phantasy and complicated further by the predominance of the mechanisms of projection and introjection, the interpretation may be rightly in terms of internal phantasy objects. The analysis of projected and introjected objects of the pregenital phases is the analysis of primitive ego formations forming part of the narcissistic phases of ego development.

The relationship between the external situation and the situation projected from the ego of the patient into the transference may be complex and difficult to simplify.

In my opinion in attempting to analyse these primitive states we need to pay attention not only to the reconstructed psychical phantasy occurring before words are used, but also to the physical activity at the time of the occurrence of the primary emotional state. The ' body ego ' is an important part of the primary ego organization, and lack of integration in the primary ego organization, including the body ego, is one of the earliest manifestations of anxiety situations. Schilder has written on the subject (1935), and Dr. Winnicott has published a paper in the *International Journal of Psycho-Analysis* recently (1946).

The problem is that of the foundation of ego integration and therefore also of successful therapy. The infantile physical states depending on the

activities of the developing muscular system and the vegetative nervous system with the inhibitions or delayed developments which occur should not be left out of the picture when the development of the infantile ego is being considered. There is a difference of opinion about the age at which infantile phantasy operates and whether words are necessary for it to do so. The infant first communicates through its body. It makes a face when unhappy, it tries to sit up between four and five months to see what made a noise, whatever other mental activity is or is not present, the muscular system which is directed by the ego comes into action. An attempt to sit up is one of the first independent voluntary acts of the ego and is a sign of the beginning of an attempt at psychical as well as physical separation from the mother. The mentally defective baby is retarded in all these activities, even its sucking is defective. Of course the beginning of walking and speaking are still more important milestones on the path of ego development. I had one patient whose case I have already reported whose ego development was seriously affected by his not being allowed to walk until he was two years old, because he was fat.

Attempts to separate completely higher and lower brain centres are as unsound as the complete separation of physical and mental processes when a psychical situation as a whole is concerned, that is when an individual is studied in an environment.

The analysis of a serious depressive case was greatly assisted by the recognition of the importance of the position of the body and the part played by muscular activity in overcoming ego defences.

A woman suffering from suicidal depression was referred to me after several years' previous treatment. She had left two analysts on account of difficult transference situations. The first thing that was obvious was the necessity she had to protect herself and the analyst and to have what she regarded as control of the analysis. She began by asking me not to move when she came into and went out of the room. I must not get up from my chair or look at her. She dared not glance at me and walked in almost as if she was in a somnambulistic state. No one must see her come into the house or go out. She was alienated from the outside world and did not see people. She spent her leisure time in obsessional thinking. She lay on the couch on her back with her knees drawn up. She entreated me not to make any transference interpretations, as her last analyst had interpreted every relationship in terms of the transference.

In the early months I let her do exactly what she liked and listened and only gave interpretations which relieved her guilt. The whole situation became easier and I was able to interpret in the ordinary way according to what was going on at the time. There came a time inevitably when, although the patient felt she was better and could do her work well, yet the main unconscious problem was not touched. She agreed that she had little pleasure in life and her genitality was restricted and there were other symptoms. It was clear to me that she was keeping me as an idealized figure and was defending herself from paranoid jealousy and hate, which were partly manifested in a spider phobia. The difficulties in analysing the latent negative transference were very great. She was terrified of hating me. A relapse into suicidal depression followed an external event similar to the original event which had precipitated the outbreak of her depression. This was the unfaithfulness of her lover. I was not treating her at the beginning of her illness and the picture had been complicated by the time she came to me. This time I was in a position to take charge of the situation and it became clear that the intolerable situation involving suicidal tendencies occurred when she heard that her lover and his new friend were sleeping together. If there was a considerable time between the event and her hearing of it she could bear it, but if she heard of it quickly she was in danger of killing herself. There was ample material from her history and phantasy life for me to interpret to her that she introjected the copulating parents and then must attack them. This is an interpretation which not infrequently is indicated in a deep analysis, but I have never before met with so much immediate reaction to it. From that time a new phase of the analysis was entered, and she began to be able to detach part of herself from the emotional experiences of the moment and maintain insight.

During the same period and as a result of other work in the analysis she felt that she would like to get off the couch and walk about the room. We had done a great deal of analysis on the subject of the position which she took up on the couch, namely one in which she was on her back with her knees drawn up. Obviously the position of submission and invitation to enter, but introducing a second element by the position of the knees. Actually it repeated events of childhood in which her mother inserted suppositories. These were sexual experiences of great significance for her, the analytical situation was a repetition which she clung to, but the couch was also the place where she felt an intense need to try to control the analyst. I was glad when she ventured to move about the room and sit up facing me. Two analytical situations became clear and both are worth discussing from the point of view of technique. The first one was that moving about the room meant she was being allowed to masturbate. She had been forcibly restrained as a child of four years. The second was that when sitting opposite she seemed to introject the real analyst and in this way to liberate a part of her ego and super-ego, so that insight became possible and progressive. When lying on the couch two situations were liable

to occur, one was the repetition of the suppository incident which was remembered as a pleasurable but frightening sexual experience about which there was much anxiety ; it was a cover memory for sexual activities with sisters and also phantasies of an oral nature about mother and father. The second, which was favoured by the couch, was the projection of such bad impulses, represented also in a spider phobia, on to the unseen analyst that she could not cope with the situation and shut herself up by means of alienation, depersonalization and obsessional defences. She often did not hear or see, and interpretation was lost. In other words, all the defences against these bad impulses, regarded psychically as objects, were mobilized.

Much progress was made during the phase when she sat up or walked about. But the archaic imagos had to be analysed and must be projected, so I managed that she should consider lying down again. When she did this she had the threat of another depression and brought a dream of a butcher's shop in which stacks of raw meat were arriving and a calf was hanging up. It was clear therefore that on the couch she was also at the mother's breast having to cope with cannibalistic phantasies about the breast and child and penis. Her first two months of breast feeding had been so unsatisfactory that she had been suddenly weaned. The point I want to make is that the position on the couch may repeat for the ego the period of helplessness at the mother's breast in its earliest phase, also enforced immobility at the genital phase, and there may be times when it is part of the technique to make it possible for the ego to show its activity in the way in which it was first experienced, namely by sitting up and walking, looking, etc. Further that when, as in this case, the mechanisms of projection and introjection are operating, the face to face position may help the patient over an acute situation. It is a common experience that psychotic cases must be allowed to sit up if they want to do so.

This is because the primitive ego's activity is mainly a bodily activity and when we are dealing with these very primitive layers to lie down is to be overwhelmed or eaten up or annihilated by the introjected archaic object, in other words there is a feeling of complete helplessness. It is possible that the ego activity manifested by some movement in infancy is the primary way of initiating defence and thereby easing anxiety. Later the psychical activity of thought takes over the early stages of defence.

In this case the progress of the analysis was advanced markedly and the patient was able to co-operate in a way which suggested that instead of the analyst being used as an idealized good figure as a defence, the patient's ego had become free enough to introject a real figure which enabled her to leave off denying and defending and helped her to begin to tolerate the repressed id impulses.

Another modification of analytical technique was described by Dr. Fromm-Reichmann in her paper, given to the British Psycho-Analytical Society on January 8, 1946, on the treatment of a schizophrenic. I suggest that Dr. Fromm-Reichmann's technique with the schizophrenic was based on promoting a type of introjection of the analyst which avoided a splitting of the ego. At the beginning she saw the patient daily and allowed her to do what she liked and did not interpret. At a later phase it would be possible to say that the analyst acted as an alter ego, experiencing with the patient. Silent understanding may be taken as evidence of identity and oneness—rather better described as a denial of objects at first, developing into the acceptance of a good object later. It is possible, of course, to say that the analyst is introjected as a good object and in this way reinforces the weak ego of the patient and helps her to begin to tolerate the phantasies of bad objects which have been projected on to the real parents who have then been introjected.

The question is why interpretation is inadvisable in the acute state. There are reasons connected with the significance of the voice and with the significance of interpretation.

The voice is one of the primary stimuli which the primitive ego receives and owing to the undifferentiated state must in certain situations cause the same ego reaction as the external person does later. In other words, the voice is regarded as a thing and is introjected as such.

In the case of the schizophrenic patient we have always to bear in mind that there has been regression at the outbreak of the illness and that the influence of more fully developed ego phases will be manifested in the symptoms. Hence the feared voice may relate also to the actual voices of angry frightening parents as well as to a voice heard in infancy which in itself caused an effect equivalent to an attack by a person.

The character of the changes which are brought about in the mind by the use of interpretation can be separated into those which are due to the words being spoken by a person who is loved or hated, and those which are due to the ego development of the patient which follows increased comprehension.

Lower animals mobilize muscular defences in the face of danger and in a typical situation attack a dangerous object, seize it and devour it. Man's cognitive processes can be regarded from the viewpoint of evolution, as a new line of defence against danger in which psychical energy is diverted from precipitating immediate action to more complicated methods of defence involving conscious thought processes.

Reik (*loc. cit.*) has some interesting ideas concerning the origin of the mental act of cognition or comprehension. He says that the root sense of

the words points to it being originally a kind of taking possession of in a much more material sense. The German word ' begreifen,' used almost synonymously with ' verstehen,' and the French ' comprendre,' show that originally it amounted to taking possession of things, seizing them. The physical quality of the object was of first importance. To comprehend something, people had to grasp it. The intellectual, non-concrete comprehension represents a later stage of evolution.

It is possible to make an analogy between the primitive mastery of objects by seizing and devouring and the present-day psychical security obtained by mental integration.

When dealing with the individual's mind by the psycho-analytical method, we are confronted with the fact that the ' enemy ' is in the mind and not in the external world.

The defences before treatment consist of all the defence mechanisms with which we are familiar. Psycho-analysis has demonstrated that what I have called descriptively the ' enemy in the mind ' consists of unconscious endopsychic structures formed as a result of the individual's infantile relationship to the first objects. To start with, the influence of the analyst, a new good object, promotes a change in the ego of the patient which is divided into an observing comprehending part and an experiencing part, the latter being the persisting pre-analytical ego. The change on the part of the ego from maintaining a blind defence to an active coming to terms by settling differences and misunderstandings, is only really successful when comprehension and direction is taken over by an integrated ego in which unconscious structures interfering with the integration of the ego play an insignificant rôle.

The process by which interpretation promoting comprehension in the psycho-analytical sense brings about integration is by not only making conscious the content of unconscious phantasy but also making a whole out of separate parts of the psyche. What is common to unconscious phantasy, memory material, ideas and actions throughout the life of the patient is demonstrated. The process involves a reorganization of psychic forces of resistance resulting in an economy of effort.

The success of psycho-analytical therapy can be estimated by the security and integration of organization of the psyche which is attained as a result of treatment. A strong ego is not necessarily an integrated ego, as rigid strong ego development may indicate successful repressions at the expense of potentialities which are not represented in the ego organization that controls the personality. Integration implies the development and reconciliation of tendencies that for a variety of reasons have come into conflict with each other and as a consequence have played a part in imitating and maintaining psychical conflicts.

It is clear that ego integration in the adult must mean the attainment of an entity in the ego which is sufficiently flexible to tolerate variations in desires, interests and in the personality. Freud drew special attention to the problem of psychical bisexuality which presents one of the greatest barriers to ego integration and security.

In order to achieve integration in the psyche, psycho-analysis aims to bring about changes in the organization of the patient's mental structure both from a topographical and economic point of view.

There is general agreement amongst analysts that the aim of an analysis is to free the ego by overcoming sexual repressions and fixations with the accompanying guilt, anxiety and amnesia. The freeing of the primitive drives involves the analysis of unconscious and preconscious ego and super-ego formations. There may be some difference of opinion as to the ultimate fate of the super-ego if analysis could achieve all it attempts. Freud made it clear that the aim of analysis was to promote assimilation into the ego of unconscious super-ego formations and to modify later super-ego structures. The most psychically secure individual is one in whom the sexual instinct has full genital development and derivatives of the aggressive impulses have active expression. In addition it appears that the majority of people require sublimations with their roots in pregenital phases of psychical development in order to maintain the highest standard of mental health.

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FROM *KING LEAR* TO *THE TEMPEST*[1]

By ELLA FREEMAN SHARPE, LONDON

(Some conclusions taken from a study in progress on *The Cyclic Movement in Shakespeare's Plays*)

I re-read some months ago Shakespeare's plays *King Lear* and *The Tempest*, in that order, without any conscious intention of either linking them together or making any psycho-analytical study. It interested me to find that there was an interval of seven years between the creation of a tragedy in which there is a storm, and *The Tempest*, the last romantic play which begins with a storm. Might they not have a psychological relationship ?

My interest canalized when I subsequently re-read *A Short Life of Shakespeare with the Sources*, abridged by C. Williams from Sir Edmund Chambers' *William Shakespeare : a Study of Facts and Problems*. Sir Edmund Chambers says (p. 61) : '. . . the transition from the tragedies to the romances is not an evolution but a revolution. There has been some mental process such as the psychology of religion would call a conversion'.

To that conclusion I finally arrived myself after further study of these two plays, giving to the word 'revolution' first of all the literal translation of 'revolving', i.e. a psychical re-volution experienced by the author and communicated through poetic drama.

I hope to demonstrate this more fully from the texts in a completed study of the plays. I postulate that *The Tempest* is the psychological sequence of *King Lear* and that both plays are linked together in a cycle of inner experiences, a cycle which seems characteristic of creative artists.

The selected plays have the common factor of 'storm'. *King Lear* is the author's most massive achievement in tragedy, while *The Tempest* is the last romantic comedy.

My argument runs : King Lear stands on a bank that runs steeply down to the Slough of Despond. The 'storm' represents the rage before the onset of depression. In *Timon of Athens* the hero commits suicide. This is the nadir of the revolutionary cycle. Prospero in *The Tempest* stands on the hither bank representing the re-emergence of the psyche after depression, the climb to the zenith again, and readjustment to reality. This is the revolutionary cycle. I hope to indicate in the more detailed study of the texts of these two plays the main repetitive cyclic movements discernible in the development of the poet's dramatic work.

Because of the common factor of 'storm' in *King Lear* and *The Tempest* it is possible to consider the last of the cyclic movements as a segregated unit, but to comprehend the sweep of dramatic development one cannot arbitrarily divide the last cycle from preceding ones though the high-water mark of genius was reached in the last 'revolution'.

The Tempest shows this poet's way of attaining a solution of, or respite from, inner conflict. It is a psychical solution achieved by many personalities of the manic-depressive type to which what we call 'genius' often belongs. A 'solution' of conflict is reached again during longer or shorter intervals with infinite degrees of stress, for it is a 'revolutionary' solution, not 'resolution' of conflict through further psychical evolution.

There has been little attempt in Shakespearean criticism of the past, even the psycho-analytical, to consider the 'characters' in the plays as creations by projection from the poet, nor to investigate psychological problems inherent in the dramatizations of a man of genius. Modern critics, notably S. L. Bethell, M.A. (*Shakespeare and Dramatic Tradition*) and John Palmer (*Political Characters of Shakespeare*) have departed memorably from the Victorian viewpoint. To them I am greatly indebted. Bethell's approach is indicated in such statements as 'Modern writers are in no danger of confusing Shakespeare's characters with real persons', and 'His characters are not merely personifications but on the other hand they are not precisely like real people'. He also says, 'The verse must be understood for a proper appreciation of the action'.

Modern Shakespearean criticism has stepped ahead in certain directions, not only of Victorian tradition but of Victorian psycho-analytical viewpoints, for the latter also concentrated attention on 'characters' as if they were 'persons'.

Lacking there may be the specific application of psycho-analytical principles in such criticism, or even it may betray a repugnance to such application, nevertheless in its range and comprehension of the essential unity of the Shakespearean phenomenon, our psycho-analytical studies in comparison belong to the laboratory and remain unconnected

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[1] Read before the British Psycho-Analytical Society, February 6, 1946.

with the vital source from which the plays came, namely, Shakespeare himself.

I reflected that the *author* had arranged the dramatic situations, composed the speeches, and shaped the characters by the interplay of conscious, preconscious and unconscious mental operations. He would ' out-top knowledge ', as Matthew Arnold says, ' sparing but the cloudy border of his base to the foil'd searching of humanity '. The ' cloudy border ' was all the adventure I asked even if I were foiled in the end.

The accredited facts of Shakespeare's life that seem pertinent to the two plays are these. He married at the age of eighteen a woman of twenty-six. Susannah was born six months later. His son Hamnet died at the age of twelve in 1596, when the poet was thirty-four. He was then a successful dramatist. He reinstated his father's prestige, lost through bankruptcy, by purchasing a coat of arms and acquiring property in Stratford-on-Avon.

Queen Elizabeth died in 1603, a fact important both because of what she meant psychologically to great men of her time, and because of the political problems concerning the succession to the throne. Shakespeare had no heir.

In four years, 1604 to 1608, the poet wrote these plays in the following order : *Othello*, *King Lear*, *Macbeth*, *Antony and Cleopatra*, *Coriolanus* and *Timon of Athens*.

Susannah was married in 1607, *Lear* and *Macbeth* were written in 1606. Susannah's child was born and the poet's mother died in 1608, the year when *Coriolanus* and *Timon of Athens* were written.

In 1610 Shakespeare retired to Stratford at the age of forty-seven. Here he wrote the later romances, the last being *The Tempest*, seven years after *King Lear*. In 1613 the Globe Theatre was destroyed by fire. He wrote no play after that event. His younger daughter, Judith, married in February 1616, and he died in April of that same year aged fifty-two. Tradition claims that birth and death occurred on April 23.

I make no forced attempt to fit these facts with the plays. The plays should reveal what connections exist.

Searching for *psychological* meaning, I concerned myself next with the manifest content of the stories of the plays, leaving the question of the sources of the plots to the academic student, since I believed that the choice of theme and the manipulation of it would be determined from the unconscious mind of the dramatist.

There are storms in both plays. The central figure in each is a man of mature years. King Lear has three daughters, Prospero one. This central figure is not associated with carnal desire. Carnal desire only concerns Gloucester, Goneril, Regan and Edmund in *King Lear*, while the earthy elements are associated with Caliban and the mariners in *The Tempest*. There is one reference in each play to the actual mother of the daughters.

King Lear, at the beginning of the play, plans to retire from the duties of kingship by dividing his kingdom between his daughters and living out his old age with each in turn.

At the beginning of *The Tempest* we are told that Prospero at the time when Miranda was born was a recluse. He had put his kingdom under the authority of his brother, retaining title and nominal rights only. The brother used the opportunity to plot against him, set him adrift with Miranda on a raft from which he and his baby daughter were safely landed on the Magic Island to live isolated from the world till Miranda was twelve.

The urge to ' retire ' from life, to dispossess the self (though retaining title and nominal rights) is thus a theme common to both plays. Plots for dispossessing others are also common—Edmund against his brother and father in *King Lear*, Antonio against Prospero in *The Tempest*, and Caliban charges Prospero with the same crime.

' Ingratitude ' is the cry of Lear, Gloucester and Prospero. Caliban and Prospero mutually charge each other of ingratitude. Revenge dominates the play of *King Lear*, forgiveness and reconciliation *The Tempest*. The two plays radiate round the polarities of death and life, death in *King Lear*, life in *The Tempest*. This latter play abounds in ' saving ' imagery. Prospero and Miranda are saved, so are Prospero's enemies. Psychical renewal is manifested in Prospero's forgiveness of his enemies and in his return to take up the duties of his kingdom again.

I considered next Lear and Prospero. It seemed natural enough that an old man of over eighty years should want to give up office when his powers were waning, natural enough he hoped to set his rest on Cordelia's nursing. But Prospero retired at the height of his powers, and after twelve years on the island was not too old to return to rule his dukedom.

I looked at the poet, aged forty-four, a man at the height of his power and prestige, a wife eight years older than he, his daughters of marriageable age, no heir.

From these considerations came my first conviction that through a *literally* old man, of over eighty years, Shakespeare dramatized an old conflict, a conflict not of age but of childhood and infancy re-activated in the poet's maturity. The second conviction followed. The storm that rages through the greater part of Acts III and IV in *King Lear* is an imaginative suggestion of an actual storm representing the psychical one raging in the mind of the poet to which he gave dramatic expression through *King Lear*.[2] Might it not be possible to find ultimately the indications of

[2] H. Granville Barker in *Prefaces to Shakespeare*, First Series, arrives at this conclusion.

childhood experiences in which emotional and physical stress were once a unity ? Psychical stress throughout this play is inseparable from bodily imagery of extreme tension, such as stretching, cracking and bursting open [3, 4] (cf. Sharpe, 1940).

I considered next the different characters in the play, heard their words, and followed their actions before considering in detail their interactions in the plot. I found some of them to be as designated, ' characters ' and not persons, least of all the complexity we call ' personalities '. Not one is given in the ' round ', though Gloucester and Lear are not mouthpieces of particular qualities, as Goneril, Regan and Edmund are. I decided that certain ' characters ' were personifications of disparate impulses. *King Lear* is in the ' morality ' tradition, not in a modern stage idiom. Goneril and Regan are personifications of lust and cruelty, Edmund and Cornwall are their counterparts. Cordelia emerges finally as a tender maternal image, while Miranda is a poet's vision, the *romantic* ideal with whom the romantic prince is to live happily ever after. The marriage is not consummated in the play.

The poet himself is the complex personality, neither white nor black but full of colour, the psychical ' whole ' from whom proceeded these projected manifestations of vice and virtue which within the heart of man wage continual battle. Light refracted through a prism reveals the separate colours which when fused are a unity. The poet Shakespeare, through the prism of dramatic art refracted the many aspects of human nature that are fused in personality.

In *King Lear* I found revealed a child's massive feelings and phantasies, evoked by conflict of emotions associated with actual traumatic events in childhood. The poet in childhood did not express himself as King Lear does, but he felt as King Lear feels. The poet in maturity re-experienced with all their original massive power the genuine emotions of childhood. Psychically he regressed to the loves and hates of early childhood. The mature poet had an instrument of which he was a master, a vocabulary, and out of it, in a renewed furnace of psychical suffering, he used or minted words and metaphors that are the genuine explicit vehicles for these feelings. They are not poetic clichés. At the end of the play the poet gives Lear a fourfold ' Howl ', by which the child once expressed what was then inexpressible in language. The play is the fourfold ' howl ' put into words.

In spite of all analytical experience it came as a surprise to realize suddenly that the play of *King Lear* could not be understood in its depth if thought of as a drama developing in a progressive time sequence, nor if one considered only the ' manifest ' content as of chief importance. In practical analysis progression is also retrogression and the beginning of an analysis is finally comprehensible from revelations communicated during its course. In this way I gathered ' latent ' meanings underlying the ' manifest ' ones. The climax of the play I found to be a metaphorical representation very like a key dream in a specific phase of analysis. I realized that three-hundred years after the creation of this play, even for a partial understanding—which is all one dare presume to attain—one needs an inner conviction of psycho-analytical facts and the methods of ascertaining them.

Every dream mechanism is in this play. On the basis of personification, symbolism and dramatization, phantasy can be linked with emotions aroused by certain definite reality childhood situations. I found that what was explicit was often not as important psychically as the implicit, and from that fact came a realization of the main unconscious conflict revealed in the play. I discovered that nothing in the play but has its flawless, unconscious determination. The dramatic *structure* of the play itself is determined unconsciously by the exigencies of the unconscious drama, outer shape and inner motifs are fused. Exits, entrances, choice of places, times, numbers, stage directions, stage properties, manners of death, are dictated from the unconscious mind. It is this fact that makes a modern critic say of this play, ' It is foreordained '. Affectless remarks and undramatic situations often held the key to dramatic ones.

I found finally four criteria by which to check my individual interpretations :—

(1) I must assess the import of the whole play from start to finish, not from dramatic episodes only. This followed the realization that the tragedy of *King Lear* begins with King Lear's entry. It finishes with his death. The beginning of the play, like the end, is forgotten in the drama. Both are short, and both are of vital importance for understanding the actual tragedy.

(2) The assessment must bear a relationship to the poet in his maturity.

(3) The temptation to think of the characters as persons speaking their own speeches, acting on their own volition had to be resisted all the time. This was the main discipline. Exactly the same discipline is needed in practical analysis when the patient conveys his own unconscious thoughts and feelings through reported speech and reported actions of other people. Because of constant slackening of this discipline I found that certain interpretations were changed even on a fifth or sixth reading, while others were satisfactory at the outset. There may yet be need of revision.

(4) Dramatic sequences of events are psycho-

[3] Caroline Spurgeon's *Shakespearean Imagery* confirms this prevalent image in *King Lear*.

[4] S. L. Bethell : *Shakespeare and the Popular Dramatic Tradition*, p. 99 : ' The metaphysical problems of the tragedies must, from the first, have presented themselves to Shakespeare in terms of concrete experience.'

logically determined and ' meaning ' must be inferred from their relationship.

Here is but one example of several discoveries of dominating unconscious *motifs* revealed in the dramatic structure, conveying *meaning before words* make this meaning articulate. E.g. there is in the play a repeated theme of sport and sound, or, conversely, absence of sound. In the first scene Gloucester tells Kent that his son Edmund was ' illegitimate ', i.e. ' younger ', for we are told later by Edmund himself that he is some twelve or fourteen moonshines ' lag of a brother '. ' Lag ' means ' younger ' not illegitimate. It is the *author* who has made the younger son into an illegitimate one.

In a matter of fact manner Gloucester says, ' Yet was his mother fair and there was good sport at his making.' The idea of ' sport ' here conveys fun and enjoyment in intercourse and procreation. King Lear enters almost at once to the sound of a sennet, i.e. notes on a trumpet.

' Idea ' and ' sound ' have no connection here in words, but it is given in the literal, i.e. dramatic sequence. This motif gradually becomes more explicit as the drama unfolds. In Act I, Sc. 3, Lear enters a room in Albany's palace to the sound of hunting horns after a hunting expedition (Lear aged eighty and ' crawling towards death ' !). Sport has become the sport of hunting and is associated with the appropriate sound, i.e. fusion of idea with sound. But Lear cannot find anyone to give him his dinner, Goneril is not there. He says, ' I think the world's asleep ', i.e. hunting, noise and silence. (Asleep implies the silence of the night.)

The third phase is in the same Act I, Sc. 4. Lear is in a rage and he bangs his head crying, ' Beat at this gate that let they folly in '. The sounds here are Lear's own raging words as he bangs his head, which he calls a gate. The fourth phase is in Act II, Sc. 4. Lear waits to be admitted to Gloucester's castle where Regan and her husband are staying. He is furious at being kept waiting, and says :

> ' Bid them come forth and hear me
> Or at their chamber-door I'll beat the drum
> Till it cry sleep to death.'

Beating at his own head, the ' gate ', has now become beating at the chamber door of man and wife. We have good ' sport ' first of all equated with sexual intercourse, then follows Lear's hunting to the sound of horns, the banging of his head, then he threatens banging on a chamber door, and we realize that ' hunting ' has now the significance of ' hunting for ' the parents. Lear later in the play is on the heath while the storm rages. He says, ' Let the gods that keep this dreadful pudder o'er our heads find out their enemies now.' ' Pudder o'er our heads ' is now the noise, and it is the ' Gods' ' noise and they who will in turn hunt out their enemies.

A ' hunt ' begins for Lear. Cordelia reappears. Her anxiety is assuaged when Lear is found. Edgar is on the heath too. He is being ' hunted ' to death because he is charged with conspiring against his father's life. The search for him contrasts with the search for Lear. Events happen indoors as well as out.

> ' As flies to wanton boys are we to the gods
> They kill us for their sport.'

Gloucester's eyes are put out. It was Gloucester who said casually in Act I, ' There was *good* sport '. Nemesis has overtaken him. Thus the motif of ' sport, hunting, sound and silence ', with ever-changing and enriched significance binds the whole play together into a more comprehensible whole—comprehensible at different levels of mental functioning.

Another ' motif ' of the play is ' banishment ', but considerations of this theme would lead too far afield for the purposes of this present summary. The ' banishment ' theme is common to Shakespeare's histories, comedies and tragedies alike, and is probably the clue to the hidden dynamo in the unconscious realm from whence the ' cyclic ' movement is driven. Nor is it possible to separate from this recurrent theme of banishment the quality of suddenness and a dramatic reversal of fortune.

I will give a short summary of my findings, without the detailed references in the fuller study. In this paper there is no attempt to allocate significances, either to every character or every situation in the play. The most notable missing figure is Gloucester, probably the most complicated one of all, and there is complete omission of the dramatization of paranoia and the allied homosexuality, a quite vital element for full understanding and a key to Hamlet's mystery so far not used in the interpretation of the poisoning through the ear of King Hamlet.

I argue that the significance of the whole play of *King Lear* is implicit in the conversation between the Dukes of Gloucester and Kent when the play opens. Gloucester recalls certain events in his past life, the happy intercourse with his wife and later the birth of his second son.

King Lear enters dramatically at the close of this conversation. His first royal gesture is to send Gloucester from his presence to attend the lords of France and Burgundy. Gloucester leaves the scene with his son Edmund.

This dramatic entry of King Lear, the dismissal of Gloucester and his son Edmund reveals the ' banishment ' motif of the play. The ' father ' and ' brother ' figures of the opening conversation are sent away forthwith.

In this entry of Lear's we pass from Gloucester's adult world to the psychical world of the poet's

unconscious mind. Dramatized subsequently are some of the phantasies begotten by conflicting emotions and wishes evoked by those very events which Gloucester was happy to remember. It is the poet who makes Gloucester remember, happily, it is the poet through Lear and other ' characters ' who relives the tumultuous rebellion, the dreads, wild sorrow and despairs of his consciously forgotten childhood. Some of the phantasies associated with reality events of childhood are discernible with clarity but others remain for me blurred and confused.

There are two plots, one focusses interest on Lear and his three daughters, the other on Gloucester and his two sons. The relationship between the two plots was my most difficult problem. My interim resolution and deductions may be debatable.

The three daughters of Lear represent three different ' aspects ' of one mother, ' aspects ' that accord with the anger felt against her or the longing for her experienced by the child. Each aspect has a discernible connection with the reality mother, but reality fact is interpreted as the child's emotion and anxiety dictate. *Child Lear's phantasies are dramatized in the play.* That the listener or reader accepts the events of the play as literally true is the proof of their psychical veracity, namely, the veracity of the poet's imagination and feeling.

The poet, through Lear, reveals emotional reactions to the mother of his childhood and, more hidden and more complicated are those experienced towards his father. He tells us through the Fool, ' Thou hast made thy daughters thy mothers '. He tells us there are two fools, Lear and himself. The Fool is the ' sweet fool ' and Lear the bitter one, and the Fool tells us that bitterness made Lear give away his kingdom in the first case. The sweet fool pines for Cordelia and disappears before the play is over. In him is dramatized the depressive counterpart of the rage which is expressed through Lear. Both sweet and bitter fools have ' been fooled ' and both fool in return, one sweetly the other bitterly. ' I was fooled ' is a basic assumption in both *King Lear* and *The Tempest* worked out to different issues. It is bitterness, the sweet fool says, that made Lear think of dividing his kingdom. It is bitterness that selects with unerring choice past frustrating experiences with the mother selected and segregated from the loving and tender ones. Putting all theoretical concepts aside and working on first principles as far as I could, I asked myself ' with what motive ? ' What is the compulsion behind such selection on the basis of hate ? Lear himself gives a partial answer : ' I am a man, more sinned against than sinning.' Perhaps that was what he had to prove, because of unconscious sin that he could disclaim because it was unconscious. Grant him his first premise of being *entirely* fooled and of being *entirely* wrongly treated and he proves his case. Our hearts are stirred to compassion because unconsciously, if not consciously, Everyman resents ' banishment ' from the Garden of Eden of infancy and phantasy to a world of reality.

Lear has to prove that his mother does not love him, indeed that she is malevolent, a kite, a monster of cruelty, as indeed she becomes in the Goneril-Regan form. But ' why ' is not as easy to answer. A denial so complete, so compulsive tells of a hidden dynamic—a violent rejection in consciousness is often a violent assertion from the unconscious mind.

The ' Cordelia ' aspect of the mother which comes first in the play is not easy of understanding, except very superficially. Only when she reappears towards the end of the play does one begin to fill in the picture presented in outline in the opening act, and I leave further consideration of Cordelia until later.

The ' Goneril ' aspect of the mother is the dominating one of the play. In connection with her I recognized certain events in Lear's childhood and the psychical defences that then originated to deal with instinctual impulses. Glimpses of the real father seemed revealed at the differing times of events. The ' Goneril ' situation is the determining one and all else in the play connects with it and recedes from it when it is seen as a major trauma of childhood too difficult for psychical mastery and causing a regressive movement to earlier phases of development.

Categorically I have to assert that mother-Goneril's pregnancy is the cause of child Lear's ' storm ' in the play. Awareness of her pregnancy caused a lapse from continence to incontinence because of emotions he could not deal with by *psychical* means alone, i.e. psycho-physical unity in early childhood. In maturity the poet had words to represent the childhood physical accompaniment of emotion. Symbolism had been achieved. Lear's ' Knights ' represent at the symbolic ' remove ' both the good (obedient) and bad (rebellious) fæces of childhood associated with ' good ' and ' bad ' feelings. ' Knights ' are the dramatic representation of these. Goneril scolds Lear for their ' *debosh'd* and riotous behaviour ' and says they ' menace ' her life. Goneril's ' unconscious ' informant is the poet. Lear's anger flares because Goneril scolds him for the behaviour of his ' Knights ' and threatens drastic measures. The reason for his anger, her pregnancy, is not expressed by *the poet* until that anger is safeguarded. He makes Goneril's husband Albany appear during the angry scene between Lear and Goneril. Albany (who now represents a father figure) says, ' I am as ignorant as I am guiltless of what has offended you.' The deduction to be made from these words is that ignorance is a state of mind which permits the maintenance of innocence. To this speech Lear replies, ' It may be so, my lord.' The obsessional defence springs into being

before our eyes. Albany in effect says: I know nothing about Goneril's pregnancy and I am not the cause of it, a disclaimer of sexual relationship with his wife. In such manner does *the child* protest to itself, 'father knows nothing about it, has nothing to do with it'. Lear says, 'It may be so.' Conversely, 'It may not be so.' Lear then follows with an outburst to 'Nature', a subtle remove from the father, 'If thou didst intend to make this creature fruitful, suspend thy purpose.' The obsessional doubt is the defence. 'If thou didst intend', but of course 'nature', i.e. father, may not intend, a doubt that must never be resolved unless the doubter has the benefit. We note that the poet makes Albany afraid of his son, and the son afraid of his father, a fear due to the *reciprocal* unconscious Œdipus conflict. The obsessional defence gives place to another. Lear is psychically driven into the hysterical 'pretence' of *being his* mother, the corrupt thing inside her is in him, they are of one flesh, one body.

> 'O! How this mother swells up toward my heart.' (Act II, Sc. 4.)

and

> 'But yet thou art my flesh, my blood, my daughter;
> Or rather a disease that's in my flesh
> Which I must needs call mine: thou art a boil,
> A plague sore, an embossed carbuncle,
> In my corrupted blood.' (Act II, Sc. 4.)

This method of psychical retreat from reality is a way of controlling aggression against the real mother external to himself. More important still is the fact that we see here also a retreat from the reality of his masculinity.

Further deductions followed on associative principles. I came to the conclusion that in this play there are evidences of Lear's mother's two pregnancies (i.e. the poet's mother). One occurred when his sphincter control was not stabilized, and he became incontinent, this being dramatized in the Goneril-Lear quarrel concerning his knights. The second pregnancy occurred when the child was accustomed to walk about independently. He ran away from where he was staying for a day, a night, or even longer, I could not determine the period. Neither could I determine whether when his mother's second baby was born child Lear was sent away from home or whether the mother herself had temporarily removed to another place. It was certainly harvest time. He was found exhausted, dirty, and decked with the flowers of late summer. Cordelia commands, 'Search every acre of the highgrown field'. (Act IV, Sc. 4.)

I deduced that child Lear had a long reign of sovereignty in an adoring household which carried out his bidding. He had 'Servile ministers', eager to gratify his whims. I must ask you to accept as a fact that it was not until I had arrived at these conclusions from the internal evidence of the play that I remembered it was possible to apply an acid test concerning their validity. I had not till this moment interested myself in the lives of the poet's parents. Data was available from E. K. Chambers and Joseph Quincy Adams: a son, Gilbert, was born two-and-a-half years after William; a daughter, Joan, when William was five. The deduction that child Lear lapsed from continence to incontinence at the time of his mother's first pregnancy and wandered from home at her second is consonant with the ages of two-and-a-half and five years. The cause of more than the usual devotion of a devoted mother came to light in Joseph Quincy Adam's book. She had lost two babies in earliest infancy before William was born. In the first year of his life the plague swept Stratford-on-Avon. Every seventh inhabitant died. William survived. One has here the basis of the poet's ineradicable belief in the divine right of kings, and the repetition of childhood experiences in Lear's proud reluctance in having to admit in the first act that he is receiving less attention than formerly: 'Doth any here know me? This is not Lear: . . . Who is it that can tell me who I am?' (Act I, Sc. 4.)

Fortified by actual proof that my deductions of major situations and the age at which they occurred were tenable, I went further on the same psychoanalytic principles of 'association' to conclusions that could not be tested by parish registers.

From internal evidence I came to the conclusion that the decision to stay with each daughter a month in turn is the outcome of the complexity of emotional reactions concerning phantasies arising in childhood from the observations of signs of the mother's menstruation, easy enough to-day, easy enough in the much less hygienic conditions of Tudor England. This awareness of recurrent marks of blood I believe begins in the anal sadistic phase, by which time a child's own experience of blood is associated with being hurt or cut. The urge to be with one daughter and then depart and live with the other is a *literal* dramatization of obsessional doubt, both with regard to pregnancy and menstruation. Doubt means safety. The mother with child is menaced by the child's aggressive anger as Goneril tells us, the mother without a child menaces him as Regan reveals. (It is the *poet* who knows, not Goneril or Regan as beings apart from him.)

It is safer to move *actually* from one place to another—metaphorically this is obsessional doubt. The safe thing is 'not to know', and the repressed and feared knowledge is revealed by doubt of it. That 'blood' was an unconscious preoccupation of the poet is evident from very many plays, of which *Macbeth* is the outstanding example.

The phantasy constructions about the observed menstruation are clear enough in *King Lear*. (1) The mother is castrated. (2) The father is castrated. (3) The child is father's castrated penis

—e.g. ' The dark and vicious place where thee he got cost him his eyes ' (Act V, Sc. 3). Another phantasy concerning menstruation is that a child has been killed.

An interesting historical event which must have influenced the poet's imagination of violent destruction of children can be deduced from several references in the plays to Herod, e.g. :

> ' It out-herods Herod ! ' (*Hamlet*, III, 11, 16.)
> ' What a Herod of Jewry is this.' (*Merry Wives of Windsor*, II, 1, 20.)
> ' To whom Herod of Jewry may do homage.' (*Antony and Cleopatra*, I, ii, 28.)

Herod of Jewry was a play enacted at Coventry by the Guild of Shearman and Taylors during Shakespeare's boyhood. Joseph Quincy Adams in his *A Life of William Shakespeare*, cites from old records that ' Herod of Jewry ' was a ' Vainglorious braggart ' costumed in astounding fashion, and wearing red gloves (bloody hands ?—E.F.S.). One scene depicted the slaughter of the children by Herod's cruel soldiers, when the women fought valiantly with pot-ladles and other ' womanly geare '. The poet refers to it in *Henry V* (III, 3, 41), ' As did the wives of Jewry at Herod's bloody-hunting slaughter men '. The witnessing of these crude, wild representations at a time when the child was perturbed by the recurrent evidences of blood in his home environment surely confirmed his own phantasies of violent deeds.

One of child Lear's rationalizations concerning not being allowed to stay in his parents' room was their solicitude for him. They did not want him to see the dreadful things that they did, i.e. Edmund is sent out of the room so that he shall not see Gloucester's eyes put out. Gloucester with a bandage over his bleeding eyes looks ' like Goneril with a white beard '—telling us of repressed knowledge of menstruation, bandage, and pubic hair. Regan is explicitly associated with blood and cruelty, and she is the forerunner of Lady Macbeth.

In his ravings Lear reveals repressed childhood observations concerning the female genitals. He declares they are loathsome, disgusting, vicious and dirty. The gods inherit, but to the girdle, ' beneath is all the fiend's ' (Act IV, Sc. 6).

I have already referred to the repetition of the theme of impatience before closed doors, banging at the gate, threats to make a terrific noise if not answered at once, ' The world might be asleep ! ' The parents might be dead ! Lear's constant grievance is that doors are bolted against him. This is evidence of night terrors, of frightening phantasies of what was happening between the parents while he was ' bolted ' in. In the construction of these phantasies child Lear used his observations of blood, of bandage and ' the vicious place '. One does not doubt that he banged doors that were bolted against him and that he howled till they were opened, for opened they were. ' Nothing almost sees miracles but misery ' (Act II, Sc. 2). ' The worst returns to laughter ' (Act IV, Sc. 1).

One must be sure the very worst has been reached and then Fortune ' turn thy wheel ' (Act II, Sc. 3). Dispossession has a purpose. Cordelia in tears seeks and finds the wandering Lear and comforts him. Misery brings the mother back to the child. Lear compulsively repeats in this day (or day and night) episode at the age of five, earlier forgotten wanderings.

It is clear that in phantasy the child feels he is omnipotently responsible for all the disasters he imagines. His ' servile ministers ', the gods, now bad gods, do his bidding. They are now bad because they are not ' good ' to him as they used to be. Lear threatens like a child :

> ' I will have such revenges on you both
> That all the world shall—I will do such things
> What they are yet I know not, but they shall be
> The terrors of the earth.' (Act II, Sc. 4.)

Thunder, lightning, rain are Lear's agents. Goneril, Regan, Cornwall, Gloucester are all killed, and Cordelia is hanged—in the poet's imagination.

Doors are closed against him. These ' closed doors ' include the ' folds of favour ' withdrawn in infancy, his mother's breasts.

As important as doors bolted against him are doors also left open, and if breasts are closed against him other parts of the body are accessible —at least to father.

' When the rain came to wet me once and the wind to make me chatter, when the thunder would not peace at my bidding (i.e. the pudder of the gods overhead) there I found 'em, there I smelt 'em out. Go to they are not men o' their words : they told me I was everything : 'tis a lie. I'm not ague-proof ' (Act IV, Sc. 6). He had been fooled. His fury was expressed in water and fæces, noise and chattering teeth, not because he found the parents destroying each other. That was the bitter phantasy. His rage was caused because he found that he was not ' everything '. ' Yet was his mother fair and there was good sport at (Edmund's) making.' The child's reign of benign omnipotence ended. The disintegration of the world as he had known it began. The sun did not go round the earth. Malignant omnipotence, of being the agent of destruction, responsible for all imagined disasters was preferable to being what inexorable reality was thrusting on him, the fact that he was only a very very little boy. There was one who did ' bestride the narrow world like a Colossus : and we petty men walk under his huge legs ' (*Julius Cæsar*, Act I, Sc. 2). He could not be to his mother what his father could be, nor give her a baby as father could. However good his knights were, fæcal babies do not stand up to reality testing with a real baby.

Only once in the play does Lear himself utter

the words that relate to the poet's deepest, most dramatized conflict :

> ' It were a delicate strategem to shoe
> A troop of horse with felt : I'll put't in proof,
> And when I have stol'n upon these sons-in-law,
> Then kill, kill, kill, kill, kill, kill.' (Act IV, Sc. 6.)

The three sons-in-law represent three aspects of the father (as three daughters represent three aspects of one mother), the King of France, the fiery Duke of Cornwall and the Duke of Albany. The fiery duke in Lear's imagined revenges is killed, justifiably, of course, because he is cruel, Albany the ignorant and guiltless, remains alive, but the King of France is left alive without Cordelia. The poet needs Gloucester, Kent, Albany, Cornwall, France and Burgundy on whom to ring the changes of the different aspects of the father-figure. He needs Lear, Edmund, Edgar and the Fool to dramatize his own conflict with regard to the different ' feeling ' aspects of the father. Gloucester is a composite character.

Lear's compulsive hate against his mother with which this play starts and which is undisguised is only explicable when taken in relationship to the subtly disguised feelings to the father. The frustrations of which Lear complains include in their range at different ages, loss of the breast, less and less attention to His Majesty the Baby so long accustomed to occupy the attention of everyone, and the anal deprivations.

There is every evidence of the Goneril-mother's emotional stupidity in dealing with her son's incontinence at the time of her pregnancy.

Nevertheless, these grievances are at the same time a subtle defence used *unconsciously* to fool his *father* and to hide from him and himself his knowledge of the father's sexual love for the mother. His own incestuous wishes and thus his hostile rivalry to his father are safeguarded. ' I love her and want her ' as a baby, is an escape from the dilemma. Rejection and hate of the mother is a confession of incestuous desire. His mother became his desired sexual object, and hate for his rival father ensued. The ' fooling ' aspect of the hate to the mother is given in Act I, when Lear says to the King of France, persuading him to avert his liking from Cordelia :

> ' I would not from your love make such a stray
> To match you where I hate.'

The ' unconscious ' fooling in this play has still to be explored more diligently. ' I have been fooled ' is explicit. ' I am fooling ' implicit.

One most interesting problem was that of correlating the plots of Gloucester and his sons with that of Lear and his daughters. Edgar's *unconscious* guilt makes him flee to the Heath directly he hears that Gloucester believes him to be a parricide. (The reciprocal Œdipus conflict in father and son is here again revealed.) Edgar lives in a hovel, covering himself with filth and flowers, and he *assumes* madness to preserve his life. (This is a further dramatization of Hamlet's assumption of an ' antic disposition '.) On the Heath is Lear, who also dresses himself in flowers, but his madness is *not* assumed. Here the two plots unite. I argue that Edgar would not be made by the poet to assume madness as a successful disguise unless he himself had experienced distraught states of mind in early childhood that had ended in an escape from expected wrath. In Lear himself is dramatized the ' mad ' states of childhood upon which Edgar's assumption of madness is based.

It was at this point that the immense range and depth of this play dawned more fully.

Anthropology and psycho-analytical science seem to find a meeting ground in *King Lear*. Archaic modes of life and thought, the psycho-physical unity of primitive psychology, so vitally dramatized that it seems a bridge across the immensity of time showing psychical defences that reveal psychological ontogenesis repeating phylogenesis.

Primitive man may well have been driven by thunder storms and great rains to seek shelter in caves and holes to wait there until the wrath of the external gods had ceased and then to emerge with relief, perhaps manic joy, to the open once more. Lear defies the storm, becomes himself the storm, but is driven at last to seek shelter in the hovel and the farmhouse. Edgar seeks shelter in mother earth from the wrath of the *actual father*. He emerges from there, bearing we are told, ' A trumpet before him ', to become the hero and possess the kingdom. Little is known of the poet's movements from the time when he disappeared from Stratford after his wife's second pregnancy until his reappearance as an established playwright in London some years later. He returned to Stratford as its leading citizen of renown. This confirmed my interpretation of ' wandering ' in childhood at the age of five at the time of his mother's *second* pregnancy. He left Stratford after his wife's second pregnancy. He joined a theatrical company. At the age of five he saw the first company of actors who performed in Stratford.

The retreat in depression and the re-emergence to life seems at long last the psychological representation—in ' our strange eventful history ' as the poet calls it—of our primitive forefathers seeking the actual underground shelter from the wrath of the gods manifested in the elements overhead. The re-emergence from the cave, from darkness to light, becomes a symbol of re-birth.

The *hysterical defence* mechanism reveals a basic origin in Lear. He becomes the storm, paces about defying it in the effort to control and master it. The range of this hysterical defence is remarkable. Lear imitates the storm first. His language reveals not only an angry father, but his own rivalry with his father's penis. He will drown ' the steeple

cocks ', revealing the anxiety that father will put out his sexual fire because of his wish to put out the god's and to destroy what has been created by it (i.e. the child). This is imitative magic, as is also the identification with the pregnant mother. By spilling his own bodily contents imitative magic will cause her to spill too. Identification with the supposed castrated mother seems also a form of imitative magic as a means of avoiding an expected castration. *Obsessional Defences.* There are three specific dramatizations in *King Lear* of removal from place to place. Lear, for purposes of safety, wishes to live first with one daughter and then with the other. He wanders from home. He is found, and he wakes up in a place he does not recognize. Regan and Cornwall move suddenly from one place to another to avoid having to house Lear's Knights:

> ' If they come to sojourn at my house,
> I'll not be there.' (Act II, Sc. 1.)

Actual moving about for safety, danger being associated with decision in making a choice, may be linked phylogenetically with nomadic tribal wandering and as a *psychical* mechanism appears as obsessional doubt. Obsessionals are characteristically restless, disliking to ' stay put ' for very long bodily, as well as mentally being unable to come to decision and choice.

Freud's theory of *conversion symptoms* is given in dramatic form in *The Tempest.* Prospero says to the ' instinct ' representative, Caliban:

> ' If thou neglect'st, or dost unwillingly
> What I command, I'll rack thee with old cramps,
> Fill all thy bones with aches, make thee roar.
>
> * * * * *
>
> For this, be sure, to-night thou shalt have cramps,
> Side stitches, that shall pen thy breath up.'
> (Act I, Sc. 2.)

We see here the link between stings of *inner* conscience with external punishment from the actual father to agues and cramps visited on those who flout the elements.

Psychical survival seems patterned upon mechanisms that once were methods adopted to secure psycho-physical continuity in a world of external unknown dangers, a world where food supply had to be hunted and actual enemies fought and killed. Hunting, the first and deepest instinct of self-preservation, pervades this play. Hunting for love fuses with it, and these are the twin impulses driving every physical, artistic and scientific adventure.

The last scene in *King Lear* is the dramatic symbolization of the ' dispossession ' upon which the poet is psychically engaged, the final curtain of which phase falls in *Timon of Athens.*

Lear enters with the dead Cordelia in his arms and he utters a fourfold ' howl '. This ' howl ' dramatizes the identification already revealed made by the child with a ' dog ', ' They flattered me like a dog.' It reveals added richness if one knows the customs of the period in which the poet lived. For example, Joseph Quincy Adams writes: ' Anthony Stafford says in his *Meditations and Resolutions,* written in 1612:

> " It is a wonder to see the childish whining we now-a-days use at the funerals of our friends. If we could houl them back againe, our lamentations were to some purpose, but as they are, they are vaine, and in vain." '

Lear did not howl in vain.

This identification with a dog also signifies ' being treated like a dog ' in a derogatory sense, i.e. sent outdoors to perform bodily functioning and whipped because of messing indoors. I take the risk at the moment of believing there were no indoor lavatories at that time. I believe that one of Lear's grievances against his ' daughters ' has a basic experience of this kind, being turned out on a stormy night, not being allowed to keep his ' Knights ' indoors. A later situation seems to coalesce with the earlier experience. The sweet fool tells Lear ' Truth's *a dog* must to kennel go when my Lady Brach stands by the fire and stinks.' ' My Lady Brach ' refers to a little bitch. Floors were covered by strewn rushes. The fool then adds, ' I for sorrow sung that such a King should *play bopeep* and go the fools among '. History is here revealed, i.e. the recognition of the different sexes, the little sister condoned for messing, the boy sent outside and an offence for which he was punished. This I base upon Lear's reproof to the sweet Fool for being too ' *unlicens'd* ' in his speech. He says, ' Sirrah, the whip ! ' and it is then that the fool says ' Truth's a *dog,* must to kennel go '.

The dog outside howls in its misery and disgrace, and so did the boy, so did he as a small child, so did the baby, before dogs had become identifiable. ' Howling ' achieved its hoped-for result long before the early boyhood crisis. His master was hot tempered, but loving, like the boy. We are told Lear and Cordelia are sent to ' prison ' together. This I believe points to the fact that child Lear was caught, put in a room alone, and punished, or threatened with punishment. Cordelia comforted him. We must remember that the Cordelia-mother is the mother to whom the poet is psychically returning, out of reach of the father's wrath. He is haunted by terror phantasies. Edmund, the vehicle of his patricidal and fratricidal impulses must be killed. That is the only possible fate. Only Edgar has a chance to live, and Edgar is referred to in the play as a ' *god-son* '. So Lear howls. He appears with the dead Cordelia, the castrated Cordelia, as his related phantasies of Cordelia's hanging reveal to us. She is the symbol of Lear's hysterical identification. ' Upon such sacrifices the gods themselves throw incense ', for the ' gods ' demand appeasement. Lear howls to

Albany and Kent, calling them ' men of stone '. They are the men on whom he has already proved his power to melt their hearts. Lear says *he has no eyes, no tongues*, as they have, while he holds the dead Cordelia in his arms. The symbolic surrender to the father is complete in his last request to the father-figure, ' Pray, undo this button.' Kent replies, ' Oh let him pass, he hates him that would upon this rough world stretch him out longer.' Father's heart is melted, he does not hate him. In that button undone, and the symbolic ' passing ' is clear enough the psychical homosexual retreat from the Œdipus conflict. It is the way of regression to very early situations where the father will yield to a baby's right to possession of the mother which right *he would not give to an older boy*. ' Howling ' achieved its purpose. One must recognize also that the ' howl ' has no note of repentance in it for the ' right ' claimed is ' birthright ' and ' baby ' right.

> ' When, in disgrace with fortune and men's eyes,
> I all alone beweep my outcast state
> And trouble deaf heaven with my bootless cries
> And look upon myself and curse my fate,
> Wishing me like to one more rich in hope,
> Featured like him, like him with friends possess'd,
> Desiring this man's art and that man's scope,
> With what I most enjoy contented least :
> Yet in these thoughts myself almost despising
> Haply I think on Thee,—and then my state,
> Like to the lark at break of day arising
> From sullen earth, sings hymns at heaven's gate ;
> For thy sweet love remember'd such wealth brings,
> That then I scorn to change my place with kings.'

The correlation made here between this particular sonnet written in the poet's early manhood and the play of *King Lear* written in maturity is but one example of the argument stated at the beginning of the paper. The whole range of the poet's work reveals an ever increasing wealth of orchestration around constantly recurring motifs. The quoted sonnet undoubtedly had at the time of its creation an immediate reference to someone who had profoundly stirred the poet's emotions. That those emotions, so definitely associated with the subject of ' banishment ', of being ' outcast ', drew from deeply unconscious sources and were once actually experienced in specific childhood situations is the only explanation of this ever-recurring theme. The rise of the sun in the east, its climb to the zenith, its decline and disappearance into the darkness of night, death and re-birth, the return of the hero, sudden conversion and salvation of the soul, are all pertinent to this theme of banishment. Nor can we omit the parable of the Prodigal Son in its profound psychological significance. The genuine poet is an intuitive psychologist.

If this had been a theoretical paper instead of an essay in interpretation, its title would have been ' *The Rôle of Regression in Manic-Depression* '. The theme of the quoted sonnet is dramatized in detail in the play.

The regression begins with Lear's denigration of Cordelia. She becomes ' little ' and of only ' seeming substance '. This is a child's reaction to the realization that his mother is big and he small. He finds in reality that he is hopelessly outrivalled as a lover by the father. The mother's ' value ' has gone up, not down. The child's omnipotent estimation of himself suffers the humiliation that reality forces upon him. ' Little seeming substance ' is a negation of the reality of the mother's pregnancy, the proof of and result of the parents' sexual life. These are the facts at the genital level of development which for the poet set the ' fixation ' point for the psychical regression to an earlier situation at the breast where a child can scorn the king he envies.

The poet in ' Prospero ' stands not only on the opposite bank of the Slough of Despond, but at the zenith of the revolutionary cycle. Lear gave up the government of himself, which is the inner meaning of the division of his kingdom. Prospero resumes self-government and returns to his duties in Milan.

Prospero and Lear are alike, and different. In Prospero omnipotence becomes benign. Prospero controls the ' tempest ', the ' storm ' controls King Lear. Prospero's storm saves, Lear's destroys. Prospero's enemies are allowed to live and repent, Lear's are unforgiven. Prospero shows the same childhood characteristics as Lear. He is impetuous, impatient, demanding full attention and obedience in regal manner, but the control of his imperiousness is easy to recognize, and his benign impulses govern him. There is one probably authentic record of the poet's father, given by both E. K. Chambers and J. Quincy Adams : ' A merry-cheek't old man that said, " Will was a good honest fellow but he durst have crack't a jest with him at any time " '. This reference, and the evidence from *King Lear* of father figures who are ' hot blooded ', ' fiery tempered ' and ' lusty ' (a recurrent type in the plays as a whole), tells us that the young boy and the mature Prospero made an identification with the father of his early boyhood —before his later decline in prestige and prosperity. Prospero is no saint and no model of serenity in old age. He is human, peccable, alive and very young at heart, full of wonder and magical thinking like a child. The poet himself said : ' The madman, the poet and the lover are of imagination all compact.' The madman departed with Lear, Prospero remains the poet and the incorrigible lover.

The route to this accomplishment in Prospero is clear in the Prospero-Caliban episodes. Caliban is the symbol of the poet's (Prospero's) infantile sexuality. Prospero deals with him as sternly as the poet's father had dealt with his son. Caliban, surely ' dog ' Caliban, is confined to one part of

the island, made to light fires not put them out, made to work for his master. The son may be like his father in all particulars except one, says Freud. Dramatized literally in Caliban is the incest tabu, with more than a hint of the Prometheus legend of the binding to a rock of one who stole the fires of the gods. Caliban reveals more than the dramatization of the incest tabu. He is himself the epitome of stages in evolution. In him is the externalization of internal history, the evolutionary story in the poet's re-volutions. The name ' Caliban ' itself is derived from ' cannibal '. Cannibalistic phantasies are implicit in *King Lear*, for example :

> ' The barbarous Scythian
> Or he that makes his generation messes
> to gorge his appetite.'

' If I had thee in Lipsbury fold I would make thee care for me.' Even a non-analytical Shakespearean research student finding no such village as Lipsbury says, ' It is just possible it might mean in or between my teeth.' Oral impatience, oral greed, love greed, are explicit.

The superstitions of the ages even to the present time are explicit in Caliban's proposal to steal his master's magic books and burn them. He is taught by Prospero to ' name ' the larger and lesser lights, he is given ' language ' to express his purposes. He would have raped Miranda and peopled the island with Calibans, but Prospero prevented it. ' Ungrateful ', says Prospero, ' I taught you everything, tried to civilise you. You understand nothing but beating.' Caliban replies stubbornly, ' You took the island from me, it was mine in the first place.' He pleads his mother-right, birth-right, instinct-right ; ' Intractable human nature ' says Freud. Caliban goes to heel, he wants to live and not to be castrated, but he is unrepentant. He has a ' case ' of course. It lies in the fact that mankind has not yet evolved rational methods of dealing with instincts but still relies upon traditional safeguards. *The Tempest* can be regarded as an allegory of the psychical vicissitudes experienced by the poet in the struggle with instincts, the power and majesty of which sweep through these plays like a natural force, savage but noble.

Prospero is as unrepentant at heart as Caliban. Lear refuses to ask forgiveness. Prospero feels no need. It is *his* enemies who repent. From the epilogue to *The Tempest*, the poet's philosophy on this matter seems to be, that equity of exchange is the only possible solution. Parents have as much need to ask forgiveness of their children as children have to ask their parents' forgiveness. ' Forgive us our trespass as we forgive you for yours.' The spirit of this is the opposite of the Mosaic Law, an eye for an eye, a tooth for a tooth, and implies a comprehension of how equally we are all involved in the travail of man's struggle with primitive passions.

Since the poet made an identification with a very human father, fiery, impatient, virile and loving, and with a loving, if disciplinary, mother, it is easy to see how ' mercy ' became for him an ' attribute of God Himself '.

The stimulus for regression in the poet's maturity was the re-activation of the unconscious incest wishes towards his daughters, the buried hostility to the father being transferred to sons-in-law.

The psychical return in depression to the mother for shelter against the wrath of the ' god ' is the return to an original birth-right and breast-right. To re-enter the mother as a whole baby, to re-emerge from her again, re-born, evades the crucial problem of the Œdipus incestuous desires at the genital level.

Psychical re-birth seems patterned on physical birth. Miranda is symbolically mother and daughter, while Prospero is father and mother also in relationship to Miranda.

In her paper, ' Mourning and its Relation to Manic-Depressive States ', Mrs. Klein says, ' In mourning as well as in infantile development, inner security comes about not by a straightforward movement but in waves.' Her use of metaphor here for the mysterious unseen movement of the libido is surely a ' live ' one. In *The Tempest* Prospero returned to normality by *actual* ' waves '. From Milan he went to the Magic Island on waves, and on waves back again to Milan. It is interesting that E. K. Chambers, in the work to which I have already referred, expresses his opinion that both *King Lear* and *Timon of Athens* seem to show symptoms of mental disturbance. He comments, ' But mental disturbance may come in waves.'

Two certain factors among others will determine both the length of time before ebbing tide returns again, and the strength of this return, namely, quantitive libidinal endowment, and the nature, frequency and severity of early traumatic frustrations. What Prospero, through the poet achieved in his re-emergence from depression was an omnipotent mastery of his infantile sexuality. Omnipotent mastery of sexuality by the re-installing of the romantic ideals is not a realistic method of dealing with instinctual impulses. It is a ' revolutionary ' method not an ' evolutionary ' one. The unsolved problem remains, the ego in alliance with the super-ego against the sexual instinct which means a continual warfare within the psyche.

Shakespeare reveals in the cyclic movement within his plays not a peculiarity of his own inner conflict, but the psychical ' impasse ' of mankind seen in the perpetual recurrence of wars and revolutions (cf. Brierley, 1945).

The massive cycle of the tragic plays gives the impression of a renewed attempt to master every phase of development. Such mastery is a function of ' play ' itself. It appears to include, not exclude, the body ego experience of birth—the original

bodily compulsion and exile. The poet did not renounce ' nominal rights ', nor his sexual love of his mother. He renounced hope of fulfilment.[5] Reluctantly he faced mortality in place of omnipotence. Prospero says that on his return to Milan ' Every third thought shall be of death.'

Had the poet's torrent of energy been harnessed to a moral purpose he might indeed have done what Freud regretted Dovstoevsky did not do, led an apostolic life. Had it been harnessed to an ideology, a political cause, a religion, then instead of the ' vasty fields of France ' being imagined in the cock-pit of the Globe Theatre, they might have been actual battlefields of Europe. Instead of taking the stage for a world, he might have taken the world for his stage, as Hitler did. Instead of dramatizing the creatures of his imagination as he did through a functioning symbolism he might have used men of flesh and blood, real knights, as pawns in his personal drama, a bloody instead of a ' bloodless ' ' revolution '. He ' outtops our knowledge ', perhaps mainly because he won his psychical conquests, his successful career in reality, laid bare his own nature and Everyman's in the service and amusement of an Elizabethan audience.

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OBJECT-RELATIONSHIPS AND DYNAMIC STRUCTURE[1]

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The aim of the present contribution (which is based upon a paper read before the British Psycho-Analytical Society on June 5, 1946) is to give some general account of the views expressed in four papers of mine published during the course of the recent war and listed in the appendix. One difficulty which confronts me in any attempt to describe these views comprehensively is that they represent, not so much the elaboration of a definitely established point of view as the progressive development of a line of thought. The result is that, when statements in one paper are compared with those in another, it is not difficult for the critic to find contradictions—in some cases only apparent, but in other cases, I fear, actual. Another difficulty is that this development of thought has continued in progress since the date of the last paper, and that, consequently, many changes have occurred in my views since that date. However, I think I may say that such basic principles as have been formulated, and such main conclusions as have been recorded in these papers have remained substantially unchanged. And, even when at times I have come to doubt some of my conclusions, it has often happened that subsequent experience has led me to reaffirm them in my own mind.

The ultimate principle from which the whole of my special views are derived may be formulated in the general proposition that libido is not primarily pleasure-seeking, but object-seeking. The clinical material on which this proposition is based may be summarized in the protesting cry of a patient to this effect—' You're always talking about my wanting this and that desire satisfied ; but what I really want is a father.' It was reflection upon the implications of such phenomena as this that formed the real starting point of my present line of thought. I suppose there are very few analysts nowadays who would not feel indignant if criticized on the grounds of minimizing the importance of object-relationships in practice. Yet it is not easy to find an analyst whose acknowledgement of the importance of object-relationships has influenced his adherence to the *theoretic* principle upon which the classic libido theory is based, viz., that libido is primarily pleasure-seeking. It will, of course, at once occur to the reader that what is meant by ' pleasure-seeking ' in the classic theory is really ' relief of libidinal tension ' ; but my point is that such tension is inherently the tension of object-seeking needs. The claim that pleasure-seeking is inherent in the state of tension itself seems to me an argument based on the principle that *post hoc* necessarily means *propter hoc*. At the same time, this claim may be seen to reduce itself to the mere statement that tension is tension,

[5] ' Wordsworth recovered by falling in love a second time with the Lake Country : Shakespeare by falling in love a second time with Stratford ' : *The Essential Shakespeare*, by J. Dover Wilson.

[1] Read before the British Psycho-Analytical Society, June 5, 1946.

since tension naturally seeks discharge, and discharge naturally brings relief; and this statement leaves quite unanswered the question of the nature of the forces under tension, and the direction or aim of these forces. It also leaves out of account the question how far relief of tension involves fulfilment of this aim. Freud spoke, of course, of libidinal aims—and these aims were defined in terms of erotogenic zones—as oral aims, anal aims and so on. What he so described, however, are not really aims, but modes of dealing with objects; and the zones in question should properly be regarded, not as the dictators of aims, but as the servants of aims—bodily organs which serve as channels whereby personal aims may be achieved. The real libidinal aim is the establishment of satisfactory relationships with objects; and it is objects that constitute the true libidinal goals. It is also the nature of the object that determines the nature of the libidinal approach. Thus it is the nature of the breast that determines the oral approach. Actually some of the activities to which so-called libidinal aims have been attributed are activities which I should hesitate to describe as primarily libidinal at all, e.g. anal and urinary activities; for the inherent aim of these activities, in common with that of vomiting, is not the establishment of a relationship with objects, but the rejection of objects which, from the point of view of the organism, constitute foreign bodies. This fact does not, of course, prevent such activities constituting a source of pleasure, since pleasure has no special connection with libido, but is a natural accompaniment of relief of tension irrespective of the nature of the forces whose tension is relieved. The conception of erotogenic zones raises other critical considerations, to some of which I must now refer.

The conception of erotogenic zones is based upon an atomic or molecular conception of the organism—the conception that the organism is initially a conglomeration of separate entities, which can only become related and integrated as the result of a process of development. Within the functional sphere, a corresponding atomism has given rise to a tendency to describe dynamic processes in terms of isolated impulses and isolated instincts. It has led to the common practice of hypostatizing 'libido' by endowing it with the definite article, thus giving it, so to speak, a handle to its name, and describing it as '*the* libido.' Similar atomism seems to me to underlie Dr. Brierley's 'process theory' (1944), as also the epistemology adopted by Dr. Adrian Stephen in his recent 'Note on Ambivalence' (1945), in which he selected my views as the text for a critical consideration of the conception of 'good and bad objects'. Such atomism seems to me a legacy of the past quite alien to modern biological conceptions, in accordance with which the organism is regarded as functioning as a whole from the start. When the organism is functioning normally, it is only from the artificial point of view of scientific analysis that it can be regarded as consisting of separately functioning parts; and, in cases in which parts actually do turn out to be functioning separately, this only happens as the result of a pathological process. Similarly, it is impossible to gain any adequate conception of the nature of an individual organism if it is considered apart from its relationships to its natural objects; for it is only in its relationships to these objects that its true nature is displayed. It was neglect of this fact that vitiated Behaviourist experiments on infants isolated in glass rooms; for a child isolated from his mother in a glass room has already ceased to be a normally functioning human child, since he is deprived of his natural objects. Many Pavlovian experiments would appear to have been similarly vitiated.

In the second place, the conception of erotogenic zones does less than justice to the capacity of the individual to dispense with pleasurable satisfaction. According to the classic theories, such a capacity is to be attributed either (*a*) to repression, or (*b*) to the substitution of the reality principle for the pleasure principle. So far as repression is concerned, there can be no doubt, of course, about the influence of this technique in enabling the individual to dispense with pleasure, and indeed in promoting a renunciation of pleasure on his part. On the other hand, from the point of view of object-relationship psychology, explicit pleasure-seeking represents a deterioration of behaviour. I speak here of a 'deterioration', rather than of a 'regression', of behaviour because, if object-seeking is primary, pleasure-seeking can hardly be described as 'regressive', but is more appropriately described as of the nature of deterioration. Explicit pleasure-seeking has as its essential aim the relieving of the tension of libidinal need for the mere sake of relieving this tension. Such a process does, of course, occur commonly enough; but since libidinal need is object-need, simple tension-relieving implies some failure of object-relationships. The fact is that tension-relieving is really a safety-valve process. It is thus, not a means of achieving libidinal aims, but a means of mitigating the failure of these aims.

As already mentioned, the capacity to dispense with pleasurable satisfaction may, according to classic theory, be due, not to repression, but to a substitution of the reality principle for the pleasure principle. If, however, libido is primarily object-seeking, it follows that behaviour must be oriented towards outer reality, and thus determined by a reality principle from the first. If this is not obvious in the case of the human infant, it is largely because, in man as contrasted with the animals, the patterns of instinctive behaviour are not rigid, but are only laid down in broad outline. Thus the instinctive drives of man only assume the

form of general trends ; and these only acquire a more rigid and differentiated pattern as the result of experience. What the child lacks above all is experience of reality ; and it is this, rather than any lack of orientation towards reality, that gives the adult observer the impression that the child's behaviour is primarily determined by a pleasure principle. It must be recognised, of course, that with the child's inexperience goes a tendency to be more emotional and impulsive, i.e. less controlled, than the adult ; and this, combined with the amount of frustration which he encounters, leads him to be more prone than the adult to resort to tension-relieving behaviour. In my opinion, however, it is erroneous to conclude that his behaviour is primarily determined by a pleasure principle which has later to be replaced by a reality principle. No such distinction between principles of behaviour can be drawn in the case of animals whose instinctive behaviour follows rigid patterns relatively independent of experience, and for whom object-seeking thus presents little difficulty. The human child seeks his objects with no less insistence than the animal ; but, in his case, the path to the object is only roughly charted ; and he is thus liable to lose his way. At this point, the example of the moth seeking the flame may be cited as a critical instance. This may be regarded at first sight as an unfortunate instance for me to quote, since it may be said that, in seeking the flame, the moth displays a remarkable lack of reality sense. It can hardly be said, on the other hand, that the moth is guided to the flame by pleasure. On the contrary, its behaviour is essentially object-seeking. What it is seeking, however, is not the flame but the light. Thus it is not actuated by a pleasure principle, but by a reality sense which is severely limited, since it cannot differentiate between one source of light and another. The fact is that reality sense is essentially a matter of degree. Characteristically the child's sense of reality is of low degree compared with that of the adult ; but he is none the less actuated by a reality sense from the beginning, even if he is all too liable, in face of frustration, to stray into tension-relieving sidetracks.

A further reflection suggests itself with regard to the conception of erotogenic zones and the related conception that libido is primarily pleasure-seeking. This is that these conceptions do scant justice to that specificity of instinctive object-seeking, which is best observed in animals, but which is in no sense compromised, although it may be obscured, by human adaptability. The nesting-habits of birds may be cited in this connection. The objects which birds collect as material for their nests are remarkably specific. Thus one species may collect sticks, another straws and another clay. Similarly, the completed nests have a characteristic structure in the case of every species. And here it must be remembered that a nest is no less an object to a bird, just as a house is no less an object to a man, because it is an object which has to be constructed. It is an object which is sought, even if, to be found, it has first to be made. Of course, the houses of men display a much greater latitude of design and a much greater diversity of material than do the nests of any given species of birds. Nevertheless, a house is always a house ; and the variety of human houses must be interpreted as a sign of that adaptability which is the counterpart of the absence of rigid patterns in the instinctive endowment of man. Adaptability implies, of course, a capacity to learn by experience, i.e. to improve an inherent reality sense, in the interests of object-seeking. It also puts at the disposal of object-seeking a considerable latitude of techniques. These advantages have their inevitable dangers since they involve a greater risk of deviations from normality ; but this must not be allowed to obscure the object-seeking principle. At this point I am reminded of a man for whose medical care I was at one time responsible, and whose limbs were completely paralysed as the result of a fracture of the cervical spine. This man was an assiduous reader whose access to the world of literature depended upon a technique of turning the pages of his book with his tongue. Such behaviour on his part does not, of course, lend itself to be explained in terms of an intense oral fixation or of the overwhelming predominance of oral components in his character. He used his mouth to turn the pages because this organ was the only organic channel open to him for the purpose. On a somewhat similar principle the child uses his mouth for the purpose of breast-seeking because it is the only available organ whereby this purpose can be achieved. He is, of course, all the more disposed to do this because, as the result of a long evolutionary process, his mouth has been specially fashioned to serve this very purpose at the instance of object-seeking aims. *Pari passu*, by means of the same evolutionary process, the use of the mouth for purposes of breast-seeking has been established as a pattern in his instinctive endowment. But, if on this account he is to be described as oral, it must be acknowledged that he is only oral because he is breast-seeking, and not *vice versâ*. The general position would thus appear to be that, for the achievement of his libidinal aims, i.e. for the establishment of the desired relationships with his objects, the individual employs bodily organs, the choice of which is determined by the following principles in order of priority : (*a*) That the organ is one which is appropriate to the aim, and preferably one which has been specially adapted for the achievement of the aim in the course of the evolutionary process ; (*b*) that the organ is available (and, when I say ' available ', I mean, of course, ' psychologically as well as biologically available ') ; (*c*) that the organ is one which has

received the sanction of experience, and not least if such experience has been traumatic. The general mode of operation of these principles may be illustrated as follows. Where an adult is concerned, the organ of choice for a sexual relationship with the object is a genital organ; and normally the genital organ will provide the main libidinal channel in the relationship. If, however, for psychological reasons the genital organ is not available, libido will tend to be diverted into some other available channel or channels. It may be diverted, for example, to the mouth, which was in infancy the organ of choice, and which then received the sanction of experience. Alternatively, it may be diverted to the anus, which, although never a channel of choice, may nevertheless have received the sanction of experience in infancy—perhaps in traumatic fashion as the result of the administration of enemas. Here it may perhaps be remarked that, just as libido may be diverted from the genitals to the mouth in an adult, so in infancy it may be prematurely diverted from the mouth to the genitals, if the availability of the mouth is compromised by situations of frustration. This particular diversion is associated with infantile masturbation; and it would appear to be an important feature of hysterical psychopathology.

I have now attempted to give some account of my reasons for dissatisfaction with certain features of the classic libido theory. I have also attempted to give some indication of the direction in which, in my opinion, the theory requires to be modified. The major change which I advocate is the adoption of the principle that libido is primarily object-seeking; and all the other changes follow directly from that. It will be readily understood that these various changes involve a point of view which is incompatible with Abraham's theory of libidinal development, based as it is upon the conception of erotogenic zones. I do not propose on the present occasion to enter into any detailed criticism of Abraham's scheme, such as appeared in my article on 'A Revised Psychopathology of the Psychoses and Psychoneuroses'; but it is obvious that, if there is something wrong with the conception of erotogenic zones, there will also be something wrong with a scheme of development based upon this conception. This is not to say that Abraham was indifferent to the importance of object-relationships; for his recognition of their importance is obvious in his writings. In my opinion, however, he made the general mistake of conferring the status of libidinal phases upon what are really *techniques* employed by the individual in his object-relationships; and this was mainly due to his uncritical acceptance of the conception of erotogenic zones. Here it must be remembered that, although he was far from indifferent to the importance of object-relationships, he suffered from a great disadvantage; for he had already formulated his theory before attention had been drawn to the supreme importance of *internalised* objects through the work of Mrs. Klein. In the light of Mrs. Klein's work and of developments consequent upon it, it is impossible to do justice to the object-relationships of the individual without taking into account, and attaching due importance to, his relationships with internal objects. It is only when this is done that it is possible to recognise the true significance of the phenomena which Abraham interpreted in terms of phases, but which, in my view, should largely be interpreted in terms of techniques.

From the point of view of object-relationship psychology, it is axiomatic that no scheme of libidinal development can be satisfactory unless it is based upon a consideration of the natural and biological objects of the developing individual at various stages. There can be no dispute, of course, about the fact that at the earliest stage the child's natural object is his mother—and more specifically her breast, although, as development proceeds, the libidinal focus alters in such a manner that interest which was predominantly directed to her breast at the outset becomes increasingly directed to his mother as a whole. There can be equally little dispute that, at the other end of the scale of development, the genital organs of a heterosexual object other than a parent should occupy a place in libidinal interest corresponding to that occupied by the mother's breast at the outset, albeit there is something very far wrong if interest is as predominantly concerned with a bodily organ at the later stage as at the earlier. Here then we have two recognizable stages (one at the lower, and one at the upper end of the scale) which can be readily distinguished in terms of *the appropriate biological object*. The problem then arises by what steps the individual passes from one stage to the other. Now it is impossible to find any appropriate biological objects which play an intermediate role in the developmental process between the objects of the initial and final stages. It thus becomes a question of a directly transitional process between the one stage and the other. This transitional process is, however, so prolonged and complicated that we must regard it as representing a special intermediate stage between the other two stages. We thus arrive at a theory of libidinal development in which a place is found for three stages—(1) a stage at which the appropriate biological object is the breast, (2) a transitional stage, and (3) a stage at which the heterosexual genital organs constitute the appropriate biological object. Throughout this sequence there is a gradual expansion and development of personal relationships with objects, beginning with an almost exclusive and very dependent relationship with the mother, and maturing into a very complex system of social relationships of all degrees of intimacy. These personal relationships are profoundly influenced by, but are not exclusively dependent upon, the

relationships established with the appropriate biological objects, although, the younger the child, the greater the influence of the latter upon the former. From the social point of view, of course, personal relationships are of overriding importance; and, therefore, they must be taken into account in assessing the significance of the various stages. Further, their importance is such as to claim some recognition in nomenclature. At the earliest stage, the attitude of the child to the breast may, admittedly, be described as oral; but it is only oral because it is *incorporative* and the organ of incorporation is the mouth. The outstanding feature of the child's personal relationship to his mother is, however, one of extreme *dependence;* and this dependence is reflected in a psychological process of *identification*, in the light of which separation from his object becomes the child's greatest source of anxiety (as in my experience of war psychiatry it proved to be the greatest source of anxiety to the neurotic soldier). In the light of these various considerations, it seems most appropriate to describe the first stage as one of *Infantile Dependence*, without prejudice to the fact that this dependence is chiefly manifested in an attitude of oral incorporation towards, and an attitude of emotional identification with the object. By contrast, the final stage appears best described as a stage of *Mature Dependence*—' mature dependence ' rather than ' independence ', since a capacity for relationships necessarily implies dependence of some sort. What distinguishes mature dependence from infantile dependence is that it is characterised neither by a one-sided attitude of incorporation nor by an attitude of emotional identification. On the contrary, it is characterised by a capacity on the part of a differentiated individual for co-operative relationships with differentiated objects. So far as the *appropriate biological object* is concerned, the relationship is, of course, genital; but it is a relationship involving evenly matched giving and taking between two differentiated individuals who are mutually dependent, and between whom there is no disparity of dependence. Further, the relationship is characterized by an absence of identification and an absence of incorporation. At least, this is the ideal picture; but it is, of course, never completely realized in practice, since there is no one whose libidinal development proceeds wholly without a hitch. The intermediate stage has already been described as *Transitional;* and it appears best so named, since it is a stage of vicissitudes arising out of the difficulties and conflicts of transition. As might be expected, therefore, it is not only characteristically the stage of conflict, but also characteristically the stage of *defensive techniques*. Among these techniques, four classic techniques stand out conspicuously from the rest—the paranoid, the obsessional, the hysterical and the phobic. As I see it, however, these four techniques do not correspond to any recognisable libidinal phases, but are four alternative methods for attempting to deal with the difficulties of the transitional stage. At this point it is necessary for us to remind ourselves of the importance of an incorporative attitude at the stage from which transition is being attempted. This incorporative attitude manifests itself, not only in the ingestion of milk, but also in the psychological internalisation of objects, i.e. the psychological incorporation of representations of objects into the psychical structure. The result is that the great task of the transitional period comes to be one, not only of establishing relationships with differentiated external objects, but also of coming to terms with objects which have already been internalised. The situation is complicated by the fact that the task of the transitional stage also includes the renunciation of relationships established during the first stage. It is further complicated by the previous establishment of ambivalence and the splitting of the object into a good and a bad object. Consequently, attempts to get rid of objects become a marked feature of the transitional stage; and this applies not only to external, but also to internal objects. And it is for this reason, and not on account of the emergence of any inherently anal stage, that techniques based upon the expulsive, excretory processes come to be employed so freely, especially during the earlier phase of the transitional stage, when the attempt to get rid of early objects naturally plays a more prominent role than in the later phase. What must be emphasized, however, is that the various techniques which form the basis of psychopathological developments during the transitional stage represent varying and alternative methods of dealing with internalised objects—really methods of trying to get rid of early objects, which have been internalised, without losing them.

It is impossible on the present occasion to discuss the characteristic features of the various transitional techniques; and I must therefore content myself with the bald statement that it is in their varying modes of dealing with internal objects, both accepted and rejected, that their essential differences lie. Nor is it possible to discuss at any length the processes which form the basis of psychopathological developments during the stage of infantile dependence. It must suffice if I draw attention to the supreme importance I attach to the earliest developments which take place during this first stage, and which, in my opinion, resolve themselves into the following series of processes :—

(1) The emotionally determined splitting of the external object into (*a*) a good and (*b*) a bad object, owing to the difficulty of regarding the same object as both good and bad;

(2) The internalisation of the bad object;

(3) The splitting of the bad internalised object into (*a*) an exciting and (*b*) a rejecting object;

(4) The repression of both these objects by the ego ;

(5) The splitting off and repression of parts of the ego which remain attached to the repressed objects and, so to speak, follow them into repression, and which I describe as respectively the *libidinal ego* and the *internal saboteur ;*

(6) A resulting situation, which I call the *Basic Endopsychic Situation*, and in which we find a *Central Ego* employing aggression in the exercise of *Direct Repression* (*a*) over the *Libidinal Ego* attached to an *Exciting or Needed Object*, and (*b*) over the *Internal Saboteur* attached to a *Rejecting Object ;*

(7) The operation of a process which I describe as *Indirect Repression*, and which consists in the exercise of aggression on the part of the internal saboteur, aligned with the rejecting object, against the libidinal ego, aligned with the exciting object.

The outstanding feature of the basic endopsychic situation, to which I have so briefly referred, is that it is produced by means of a *splitting of the ego* and therefore involves the establishment of a *Schizoid Position*. This position becomes established in the earlier part of the first stage and antecedes the depressive position which has been so fully described by Mrs. Klein, and which can only emerge after the original unitary ego has been split and the schizoid position has been established. At this point it becomes necessary to explain what no opportunity has been found to explain earlier—that I regard the first stage as falling into two phases, the latter of which is differentiated from the former by the emergence of the tendency to bite side by side with the original tendency to suck. This differentiation of phases corresponds, of course, to Abraham's differentiation of the early and late oral phases. It is only during the latter of these two phases that the depressive position can arise, i.e. when the child becomes able to envisage situations arising out of destructive biting as well as situations arising out of incorporative sucking. What I feel disposed to maintain, however, is that the schizoid position, as represented in the basic endopsychic situation, forms the ultimate basis of all psychopathological developments which may subsequently take place. For it is only after such a position has been established that there can be any differentiation of endopsychic structures such as Freud attempted to formulate in terms of the ego, the super-ego and the id.

The conception of endopsychic structure at which I have arrived will be seen to differ considerably from that formulated by Freud. It differs conspicuously, of course, in that it is ultimately based upon the repression of internalised objects. If, however, the repression of such objects is left out of account, it is clear that there is a general correspondence. Thus the central ego corresponds to Freud's ' ego ' the libidinal ego to Freud's ' id ', and the internal saboteur to Freud's ' super-ego '. Nevertheless, underlying this correspondence there is a profound difference of conception. For the ego-structures which I envisage (i.e. the central ego and the two subsidiary egos) are all conceived as inherently *dynamic* structures resulting from the splitting of an original and single dynamic ego-structure present at the beginning. By contrast, the three parts of the mental apparatus, as described by Freud, are not all inherently dynamic structures. For the ' ego ' is conceived as a structure without any energy in its own rights ; and the ' id ' is conceived as a source of energy without structure. As regards the ' super-ego ', its behaviour is certainly described in terms which imply that it is a dynamic structure ; but, since all energy in the psyche is regarded as proceeding ultimately from the ' id ', it becomes obvious that the ' super-ego ', like the ' ego ', is really an energiless structure deriving energy from a source outside itself. A further feature of Freud's theory of the mental apparatus is that the ' ego ' is not an original structure, but a structure developing on the surface of the undifferentiated matrix of the ' id ', from which it continues to derive its energy in the form of so-called ' impulses '. According to my theory, by contrast, all the ego-structures are conceived as inherently dynamic ; and the central ego represents the central portion of an original, unitary, dynamic ego-structure, from which the subsidiary egos come to be subsequently split off. Thus, whilst Freud regards the structural ' ego ' as a derivative of the structureless ' id ', I regard the libidinal ego (which corresponds to the ' id ') as a split off portion of the original, dynamic ego. The ' super-ego ' was, of course, always regarded by Freud as a derivative of the ' ego ', so that in this respect it does not differ from its *vis-à-vis* the internal saboteur, except, of course, in so far as its energy is derivative.

I have drawn attention to various points of difference, some more general and some more particular, between my own theory of endopsychic structure and Freud's theory of the mental apparatus ; but the fundamental difference is one of approach to the phenomena in question. I follow Freud, of course, in employing the psycho-analytical method ; but, whilst employing his method, I have come to adopt underlying scientific principles which differ from his. It is the accompaniment of this similarity of method by a difference of underlying principles that accounts for the fact that my views simultaneously correspond with and diverge from his. The real position would thus appear to be that my views consist largely in a reinterpretation of Freud's views on the basis of a differing set of underlying scientific principles. The central points of difference are two in number :

(1) Although Freud's whole system of thought was concerned with object-relationships, he

adhered theoretically to the principle that libido is primarily concerned with pleasure-seeking, i.e. with the relief of tension. This means that for him libido is theoretically directionless, although some of his statements undoubtedly imply the contrary. By contrast, I adhere to the principle that libido is primarily object-seeking, and that the tension which demands relief is the tension of object-seeking tendencies. This means that for me libido has direction.

(2) Freud approached psychological problems from the *a priori* standpoint that psychical energy is essentially distinct from psychical structure. On the other hand, I have come to adopt the principle of dynamic structure, in terms of which both structure divorced from energy and energy divorced from structure are meaningless concepts.

Of these two central points of difference, the latter is the more fundamental, since the former would appear to depend upon the latter. Thus Freud's view that libido is primarily pleasure-seeking follows directly from his divorce of energy from structure ; for, once energy is divorced from structure, the only psychical change which can be regarded as other than disturbing is one which makes for the establishment of an equilibrium of forces, i.e. a directionless change. If, however, we conceive energy as inseparable from structure, the only changes which are intelligible are changes in structural relationships and in relationships between structures ; and such changes are inherently directional. On consideration it becomes obvious, of course, that Freud's divorce of energy from structure represents a limitation imposed upon his thought by the general scientific atmosphere of his day. It is a curious feature of modern times that the scientific atmosphere of a period appears to be always dominated by the current conceptions of physics. Be that as it may, the scientific atmosphere of Freud's day was largely dominated by the Helmholtzian conception that the universe consisted in a conglomeration of inert, immutable and indivisible particles to which motion was imparted by a fixed quantity of energy separate from these particles. However, modern atomic physics has changed all that ; and, if psychology has not yet succeeded in setting the pace for physics, it is perhaps not too much to expect that psychology should at least try to keep in step. So far as psycho-analysis is concerned, one of the unfortunate results of the divorce of energy from structure is that, in its dynamic aspects, psycho-analytical theory has been unduly permeated by conceptions of hypothetical ' impulses ' and ' instincts ' which bombard passive structures, much as if an air-raid were in progress. Thus, to choose a random example, we find Dr. Brierley (1944) speaking of ' instinct as the stimulus to psychic activity.' From the standpoint of dynamic structure, however, ' instinct ' is *not the stimulus to* psychic activity, but itself consists in characteristic activity on the part of a psychical structure. Similarly, ' impulse ' is not, so to speak, a kick in the pants administered out of the blue to a surprised, and perhaps somewhat pained, ego, but a psychical structure in action—a psychical structure doing something to something or somebody. Actually, from the point of view of dynamic structure, the terms ' instinct ' and ' impulse ', like so many terms used in psychology, are misleading hypostatizations which only serve to confuse the issue. Still more misleading are the plural forms ' instincts ' and ' impulses '. The fact is that such terms only serve a useful purpose when employed in their adjectival forms, as when we speak of ' an instinctive tendency ', or of ' impulsive behaviour ' ; for it is only then that they imply a reference to a psychical structure on the one hand, and to an object-relationship on the other.

I have now attempted to give some account of the most fundamental of the various theoretical conclusions at which I arrived during the war years, when, owing to circumstances, I was cut off to a greater degree than usual from the work of other analysts. During these years I suffered from all the disadvantages of working in comparative isolation ; but perhaps a sojourn in the wilderness is not altogether without its compensations. For, if the isolated worker lacks the stimulus that comes from exchanges of thought with his fellow-workers, at any rate he does not lack the stimulus that comes from the necessity to work out for himself the problems which he encounters. He is also to some extent delivered from the temptation to fall back too readily upon authority for the solution of these problems. He is thus afforded an unusual opportunity to reconsider classic problems from a new approach. The approach which I was led, quite deliberately, to adopt, several years ago now, was that of an explicit object-relationship psychology—albeit, in retrospect, I can see that this standpoint was already heralded in my previous papers on the anthropological significance of Communism and the psychology of art. As it has turned out, however, the results obtained by this approach raised issues which necessitated a further change of outlook leading to the explicit adoption of a psychology of dynamic structure. I can only hope that the preceding account will afford some indication, not only of my main conclusions, but also of the process whereby a psychology of dynamic structure has developed out of a psychology of object-relationships.

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AN UNUSUAL NEUROSIS FOLLOWING HEAD INJURY[1]

By ELIZABETH ROSENBERG

It is now generally agreed that the majority of symptoms typical of the chronic post-concussional syndrome are psychogenic in origin. Although a good deal of work has been done in relating these symptoms both to previous personality and to current conflict, there is not much analytic literature with regard to deeper psychopathology. Not only is the occurrence of cerebral damage sufficient to cause a lapse of consciousness of vital significance in itself, but also the psychological effects of organic cerebral impairment present an important field for psycho-analytic investigation, particularly at this time, when artificial methods of damaging the brain are playing such a large part in the treatment of mental disease.

A.B., the patient to be discussed in this paper, suffered a serious head injury in December, 1940. For two years after his discharge from hospital in March, 1941, he suffered from the symptoms typical of the post-concussional syndrome, namely, headaches, giddiness, irritability and difficulty in concentration. He also suffered from double vision which appears to have been physically determined at the outset. In 1943, however, his symptoms suddenly altered; he developed a severe pruritus ani—the main symptom for which he sought psychological treatment. His double vision which had previously been improving has also shown marked variation parallel to the state of his anal irritation.

HISTORY. A.B., aged 26, is the younger son by nine years of neurotic, somewhat elderly parents. His brother, aged 35, is probably a chronic schizophrenic. Although his parents are happily married, the home atmosphere has never been very happy or contented and there has been constant pre-occupation with physical illness and financial worries. A.B. appears to have been a nervous timid child, who from an early age was severely bullied by his elder brother. Although he was a good student, particularly in subjects requiring verbal facility, he lacked confidence and initiative and, after leaving school, accepted his father's and brother's decision that he should be trained in his father's business. Although he disliked the work he spent five years in this employment prior to the outbreak of war. During this period he had few personal outlets, spending most of his spare time with his parents and indulging in distant worship of a girl who was working across the street. He became increasingly interested in philosophical and moral issues, and after considerable thought, registered as a conscientious objector in 1940. He appeared before a tribunal and although his plea was considered to be genuine he was nevertheless conscripted for non-combatant duty. After a process of reasoning which is not yet quite clear, he changed his mind at this juncture and volunteered for active service in November, 1940. On his way home after formal attestation, his motorcycle collided with the tail end of a lorry, and he received a serious head injury. As there was a retrograde amnesia of thirty minutes followed by at least twenty-four hours unconsciousness he cannot describe his accident at first hand. He has recently, however, admitted that he had been feeling extremely depressed after his attestation and that he had had several drinks shortly before the accident.

He made a very slow recovery after this accident, spending three months in hospital in the first instance, and returning on several occasions for treatment of an infected frontal wound. In spite of his ill health, however, he fell in love with a much older woman within six months of his accident and states that he had, for the first time, a complete and satisfactory sexual relationship.

The events leading up to the onset of his present illness were briefly as follows: During 1940 his brother left his wife, lost his job and returned to his parents' home where he has remained, in a lethargic and apathetic condition, to the present day. A.B., never on good terms with this brother, became increasingly irritated and resentful at the constant discussions about his brother's affairs. His double vision and post-concussional symptoms prevented him from reading or any active employment, so that he had to spend most of his time at home. In addition, his parents at about this time exhibited certain habits which drove him nearly to a frenzy. His father had developed a sucking tic of the lips, and his mother an equally annoying habit of snapping her false teeth over and over again. Because of the arrangement of the rooms he could hear these noises even after he had gone to bed at night. Eventually he felt that he must create some counter-irritation to shift his attention. This he proceeded to do by rubbing his anus. For a short

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time this gave him relief, but soon the intractable pruritus ani which constitutes his main symptom developed. Moreover, at the same time, his double vision, which had been improving, began to show periodic relapses in conjunction with his anal irritation.

For nearly two years he received symptomatic treatment for his physical symptoms—both ocular and anal. His failure to show any substantial improvement, however, combined with the otherwise inexplicable persistence of his visual symptoms, finally led to recognition of the psychological basis of his illness. He was, therefore, referred to a psychiatrist, who after one consultation, referred him to the analytic clinic where I saw him in November, 1945.

A.B., in the initial interview, appeared to be an intelligent and co-operative young man with whom one could make easy rapport and who showed a very genuine desire to take every possible step to achieve recovery. He showed none of the fixed conviction, so often seen in cases of this type, that his condition must be entirely physical and readily agreed that he had had many psychological difficulties since early childhood. His only overt resistance, with regard to psychological treatment, was shown by his repeatedly expressed concern lest analysis should result in an alteration of his pacifist views. On the negative side, however, one could not take too hopeful a view of a young man with a bad family history, and a personality previously characterized by lack of initiative and definite schizoid features. A.B. had sustained a head injury quite severe enough to cause some organic deterioration. Moreover, he had been totally incapacitated for more than five years. Although, therefore, I felt that his main symptoms were obsessional in type, I did not feel able entirely to exclude either organic defect or early schizophrenia at the original consultation. I felt certain, however, that analytic investigation of this case should prove extremely interesting and that it also represented A.B.'s only hope for recovery.

In this paper—which is chiefly based on the first seven weeks of analysis—I wish to expand and amplify my original diagnostic doubts. A.B., who had formed a transference at the first consultation in November, has proved an extremely interesting and productive patient, so that, although the analysis is still in an early stage, considerable light has already been thrown on his personality structure and psychopathology.

It was obvious that this analysis would be largely concerned with problems of anal erotism and anal sadistic fantasies. Many features of A.B.'s personality are of the classical anal character type. He is extremely precise with regard to financial arrangements. He tends to bring his material to analysis prepared in advance. He shows the typical modesty and apparent co-operation covering deep ambivalence and aggression. That aggression would prove an extremely critical issue was shown even in the first consultation by his fear lest analysis undermine his pacifism.

His first analytic session opened with his expression of this fear in a somewhat different form. He started straight off by expressing his dread, not only that analysis might alter his pacifism but also that this would necessarily mean changing him into something beastly. At the same time he repeatedly expressed his gratitude to me for accepting him for treatment and his appreciation of the opportunity to be analysed. Immediately after expressing this gratitude, however, he apologized that he had not added my qualifications in addressing a letter to me and then went on to say that he had found me listed, in an out-of-date telephone directory, as Miss Elizabeth Rosenberg, M.B., B.S. He had decided that this must be an American qualification and expressed his doubts as to whether I was actually registered in this country. He also expressed concern as to whether or not I was married. He then asked whether I could hypnotize and whether I had any intention of treating him by means of some kind of drug injection. (Although the paranoid features of this fear are obvious, I should point out that the psychiatrist he had consulted before attending the clinic had suggested this form of treatment, i.e. narco-analysis, as a possible alternative to psychoanalysis.) On the basis of this material it was possible to interpret within the first two hours both A.B.'s ambivalence and the relation of his fear of my attitude towards him to the beastliness which analysis might release. Within the first week this ambivalence became obvious in other ways. In the third hour he expressed the fear that his pruritus might one day become sufficiently severe to prevent him from attending. As he had already made it clear that he could keep this symptom under control by restricting his physical activity, the resistance behind this anxiety was easily interpreted. As a result he lay awake until two o'clock in the morning in case he should be late next morning. He always arrives in the neighbourhood of my consulting room at least half-an-hour before his appointment, and has on several occasions described phantasies of my terrifying anger in the event of his being late. Throughout the first fortnight of analysis this fear was repeatedly expressed, combined with repeated expressions of gratitude and many statements comparing me favourably with other doctors, in particular the first psychiatrist he had seen. He also described in the first week a dream he had had after the first consultation, in which he identified me with Lorna Doone (to which he had been listening on the wireless), and in which he rescued me from the clutches of the Doone brothers. It greatly embarrassed him to recount this dream—particularly as he had been vigorously denying the interest in my marital status and possible

designs on him, which had been suggested by his remarks about my designation 'Miss' in the telephone directory. In order to prove his lack of interest in me he brought himself to talk about the woman with whom he had been having an affair. The most important features of this relationship from the point of view of this paper are : first that this woman is about my age ; second, that this, his first real affair, occurred within six months of his head injury ; and third, that in spite of the fact that the relationship has been harmonious and happy in many respects, A.B. cannot dismiss an increasing fear, which he recognizes to be irrational, that this woman D. brings him bad luck. He illustrated this fear in vivid form by recounting a dream in which D. in a nightgown stood over him with a knife. After recounting this dream he felt very guilty and for several hours attempted to convince me first that D. was a noble, honourable woman, and second that he himself had been entirely responsible for their affair. At the same time, whenever he talked about her, he referred to his pleasure in lying in her arms, thus showing his ambivalence, and making it clear that he was demonstrating the essentially passive part he now felt that he had, or should have, played. His passive fears were also brought into the transference situation by repeatedly expressed fears that a small wall lamp at the foot of the couch was intended for hypnotism. In spite of his intellectual understanding of the meaning of this material, he had great difficulty in accepting the fact that he really was identifying me with D. and even greater reluctance to accept the ambivalent basis of his fear lest apparently kindly women for whom he feels affection have hostile or seductive intentions towards him.

During the first weeks of analysis he continued to talk a great deal about his pacifist views. These views, combined with an ardent acceptance of the Social Credit Platform, form the corner-stone not only of his political beliefs, but of his general attitude toward life. The points of chief psychoanalytic interest in his outlook appear to be, first of all the conviction that money is dangerous and leads to wars because it is manipulated by a few powerful persons. Human beings have no inherent aggression but are only led into war-like activities because their lack of money keeps them in the power of a few capitalists. Conscription, or rather, the power to conscript, results from the unequal distribution of money. War, therefore, is an unnecessary evil which could be avoided, first by equal distribution of money, and second by abolition of conscription. Although it has not yet been possible to analyse this attitude completely, its anal character is very obvious. During this early phase of analysis, however, the point of chief importance in his pacifist opinions is that they have appeared with diminishing intensity as a nodal point of resistance after every important transference interpretation of his aggressive phantasies and their projection in the form of passive fears. The phantasy of the wild beast has gradually become more vivid. On one occasion he described his fear of what would happen if he were late by saying that he would crawl to me like a dog. He associated this phantasy with the behaviour of his own dog after he had whipped it for dirty behaviour in the house. He went on to talk about his horror and disgust at the habits of animals in domestic surroundings, and this led him to describing very vividly the disgusting noises made by his parents. He stated that his original impulse had been to relieve his tension by genital masturbation, but that instead he had rubbed his anus. It was clear at this point that the noises made by his parents had roused strong aggressive anxieties in himself. It was also possible to see that the aggression was of an anal type in that in the same hour he had described himself as feeling towards me a fear similar to that shown by his dog after punishment for making a mess in the house. It was therefore possible to relate his ambivalent fear of lateness to earlier anal fears with regard to badly-timed defæcation, resentment with regard to parental control, and fear of punishment if he failed to comply in the right place at the right time. Soon after this interpretation he first told me a dream dating from childhood. Although the dream had occurred at about the age of eight, the place it referred to was a seaside resort he had visited with his mother and brother between the ages of two and three. He dreamt that he was sliding down a steep incline towards a large stone which he would inevitably hit. As he told this dream at the end of the hour, no interpretation was possible, but the next day he reported a dream of the night before which was clearly related. In this dream he went to the public lavatory near a London tube station, but found that instead of a lavatory there were a great many cages with sand at the bottom ; in the centre stood a sergeant-major with a whip, while in one of the cages crouched a soldier. The sergeant-major started to beat the soldier and the patient withdrew. There were a number of associations from the day before. He had in fact visited this lavatory and had seen a bus conductor resembling the sergeant-major. He supposed that the cages had something to do with the wild animal theme, and stated that he did not approve of caging wild animals—that they should be kept in some sort of reserve—that it was not right to curb nature. He then said that his thoughts had suddenly changed. Did I really mean that he should tell me his thoughts—even when they were somewhat rude ? He then went on to say that the evening before a friend of his had described an unpleasant experience with a very rude Harley Street specialist. At the time he had thought 'What a contrast,' referring to his occasional rudeness to me in disagreeing with some of my inter-

pretations. His underlying attitude, however, was revealed by his next remark that he was very much afraid that I was trying to force him into undesired channels and to remove his pacifism.

This dream and his subsequent remarks clearly showed—first the clear relation between his fear of losing control and early resentment with regard to bowel training. This had, of course, already been obvious in his characteristic anal traits—his fear of being late—his attitude towards money, etc. In this connection, however, his remark that it is wrong to curb nature is particularly revealing. Possibly more important, however, was the evidence of his dawning recognition of aggressive tendencies in this respect, and his fear of their results. His doubt, for example, as to whether I really wanted him to tell me his thoughts, however rude and aggressive they might be, is an expression of fear lest he be unable to control these impulses, and a warning to me, of the danger of releasing the wild beast in him.

It also appeared that these two important anal-aggressive dreams might lead us to the reconstruction of real infantile experiences. I had the impression, that is to say, that the first dream—in which he was falling uncontrollably towards a large stone—referred to a real incident in which a large stone had fallen uncontrollably from him. The second dream confirmed this impression, an obvious link being the sand on the floor of the cages combined with the fact that the dream took place in a public lavatory with significant alterations. That his brother was probably represented by the sergeant-major is suggested by the fact that the next two hours were chiefly occupied by detailed complaints with regard to his brother's aggressive, domineering attitude towards him. He gave a number of examples of brotherly interference, culminating in the recital of one very significant memory. He said that the only time that his brother had been physically violent to him, as far as he could remember, was on an occasion when he, A.B., then about twelve, had accidentally knocked a chip from a stone mantelpiece. His brother, he stated, had attacked him with murderous violence and he had had great difficulty in defending himself.

At this point I explained the symbolic meaning of the stone in this quarrel, and suggested that we were dealing with his early fear of violent retaliation and persecution resulting from his own inability or unwillingness to control the act of defæcation. In the next hour he brought material which made it possible to amplify this interpretation—confirming the significance of the stone in this incident by telling me that his brother had in fact had a most unusual attitude in this respect; he always thought every chip and stain—particularly on walls—must be caused by fæces and had frequently gone up to such stains to smell them. On the basis of these memories it was possible to interpret both the original stone dream and the subsequent dream in which the crouching soldier was beaten by a sergeant-major as referring to a real incident—probably occurring during the seaside holiday—in which an anal aggressive act had actually resulted in retaliation by his brother similar to that shown in the later remembered incident. It was also possible to relate his fear of arriving late to the similar meaning underlying his phantasy of crawling to me like a dog who has made a mess.

From this point on we were increasingly concerned with anal material. It was clear that the importance he attached to expressing himself exactly had an anal meaning. His pleasure in exact and educated speech and his identification of rough local accents with lack of control were shown by his recollection of distress when a girl he had liked for her cultured speech had reverted, in a moment of excitement, to her original country accent.

In the analysis his need to control and its underlying ambivalence have been shown both by his tendency to bring his material prepared—which had been interpreted in the first week—and his distress and obvious conflict when embarrassing or unpleasant thoughts come into his mind. When these distressing thoughts occur he repeatedly asks whether I really mean him to tell them. He minds particularly the fact that I can see him and he can't see me, and has developed what he calls his defensive position by lifting his head slightly in the hope that I can't see his face clearly. The relation between his need to control and his fear of turning me into a dangerous persecutor, was clearly illustrated in an hour shortly after the interpretation of these two dreams, in which he was compelled to tell me a long-prepared set of memories because he had to be sure that ' everything was out '. In this hour the urgency was so great that it was literally impossible to get a word in, until I interpreted the whole proceeding after he had finished his discourse. I then pointed out that he had to be certain that everything was out—partly because it might otherwise slip out in an aggressive fashion and constitute an attack on me for which I might retaliate, but also because anything that remained inside appeared to constitute a further potential danger there.

He began the next hour by complaining that he had developed compulsive symptoms with regard to the water-tap in his room. He was very much afraid that if he did not make certain—over and over again—that he had turned it off it might flood the building, and that this would result in his being turned out and might jeopardize his continuing the analysis. He went on to talk about his doubts in connection with using, writing and spelling certain words correctly, took up his defensive position and groaned because of the memory which had come into his mind stating that he could not tell it to me

directly. With great reluctance and embarrassment he said : Once when he was at school he had been writing an exercise and had made a slip of the pen. He should have written ' the ship is in the sea ' and had written another letter instead of the ' p '. After listening with some disgust to my interpretation he reiterated his earlier fear lest I might hypnotize him but, at the same time, also recollected with disgust a childhood dream which confirmed his omnipotent aggressive phantasies with regard to his fæces. In this dream he was in a room with a lot of his schoolfellows and rose above them several times on a column of fæces.

The analysis had reached a point where he could no longer completely deny either his own aggression or its connection with excretory processes. He now attempted, therefore, to turn the analysis into a sort of dirty joke characterized by phantasies about making me laugh and constant sly references to vulgar music hall jokes. He also described a phantasy of setting fire to the whiskers of an animal's head mounted in the waiting-room and wondered whether I would think this funny or whether I would be very angry.

The intensity of the anxiety behind this joking reaction was very obvious. The next day, for example, he opened the hour by referring to the fact that I had smiled when I said good-bye the previous day. He could not make up his mind whether this smile had been cold and contemptuous or not. He was particularly worried because, on this occasion, he had made some trivial remark to me *after* getting up from the couch. He felt that he should not have ' slipped out ' of the analytic situation and that my smile had been a contemptuous reproach for his impertinence. On the other hand he could not help remembering that the smile had seemed in fact quite kindly. When, however, in my interpretation I referred to his doubt as to whether or not the smile had been friendly, he was genuinely shocked. Never, he said, had it even occurred to him that my attitude towards him could possibly be friendly—he was much too inferior, stupid and uneducated a person to entertain such a hope. Interpretation of the anxiety with regard to the disastrous results of losing control, i.e. slipping out of the analytic situation, slips of the pen, of the tongue, giving in to impulses to set things on fire, etc., brought forth in the next few hours frankly paranoid fears. During this period he became more and more restless on the couch, frequently referring to his desire and fear of turning around to see what I was doing. He made frequent anxious references to my ' wonderful ' memory, but complained that I seemed to be collecting evidence against him. He worried whenever he made any friendly remark in case I should think he was trying to ' ingratiate ' himself with me. Worst of all he was beginning to see himself that this might in fact be the case because he could not rid himself of a fear that I might be hypnotizing him without his knowledge. He also expressed a fear that I might be using some electrical apparatus and that I might be gaining special knowledge about him by recording in some way the impression he left behind him on the couch.

The psychotic nature of these fears is obvious. It must, however, be understood that these paranoid fears were expressed in an unusually intense transference situation, during the analysis of early anal aggressive fears. His insight into the transference nature of these fears was significantly illustrated by his conviction that—if he only dared to turn around and look at me—his fears would probably be allayed. It is also vitally important to note that in spite of his fears he continued to produce more and more revealing material. The affect he showed during his sessions was appropriate to his fear ; at the same time he was able to return to a reality situation at the end of his session. The fact that he always thanked me after particularly difficult hours also suggested that, in spite of his intense fear, I still remained a fundamentally good object to him. Although, therefore, the psychotic content of these fears is clear, my own impression is that during this period A.B. had been re-enacting the psychotic anxieties of an infantile situation—similar in many respects to that experienced by the little boy Jack, described in Mrs. Isaacs' paper—rather than revealing the early stages of an adult paranoia. A significant feature to my mind is the fact that in spite of his intense fear of the retribution to be expected from those he has injured by violent and uncontrolled aggression, he also appears to have retained some faith in the possibility of reparation and considerable contact with an outer reality less terrible than that created in his internal world.

During this period—the fourth and fifth weeks of analysis—we had, in the main, been dealing with his overt need to control, his conscious rejection of aggressive tendencies, and his paranoid fear with regard to the retaliation which might be anticipated if his aggression ' slipped out '. His brother had figured as his chief male persecutor, although the fact that his father had always supported his brother in every quarrel had been mentioned on several occasions. His most intense paranoid fears had been exhibited, however, in relation to terrifying mother figures—D. on the one hand, myself on the other.

At the end of the fifth week, it became increasingly clear that, in addition to the dangerous powers of urine and fæces, wind and sound had special and overwhelming significance. That sound was important was obvious from the outset, in that disturbing noises had precipitated the onset of his present illness. His stress on pronunciation and exact expression, and a well-marked tendency to talk about his pleasure in listening to music as a refuge from unpleasant anal

material, had also been noticeable. Now, however, on the day after the expression and interpretation of his frankly paranoid fears, after starting the hour by expressing his earnest hope that he would some day be able to make amends to me for all he owed me, he recited five dreams in all of which anal and urethral preoccupations were obvious. In three of the dreams he was travelling on trains or buses where something was wrong with the seat ; in two, dangerous currents of air either blew through the vehicle or interfered with its progress. The most important and significant of these dreams was as follows : he was travelling in a bus and got out at a park where there was a lake. There he started talking to a man who told him that the lake he saw was not the real one, but that another man (unknown) had bored under this one with pipes and tapped a salt lake. This had resulted in the appearance of a dangerously hot salt water geyser which he could see if he climbed to the top of a hill. He started to do so, in a spirit of adventure, but grew afraid that he might get wet and took refuge in a hut. There he was alarmed by the fact that there was only one exit. He did in fact get a little wet but managed to get away safely.

Although all the deepest implications of this important, somewhat terrifying dream with its suggestion of manifold attacks on the mother's body could not be elucidated at the time, it was possible at this point to interpret to A.B. his anxiety concerning the dangerous potentialities, not only of urine and fæces, but also of wind and sound. This interpretation disturbed him considerably ; he denied that it could be true in the strongest possible terms. His actions, however, confirmed it ; he proceeded by a series of almost incredibly miscalculated movements to find himself so far from the station three hours after he had left my consulting room in Harley Street with no other intervening appointment—that he had to run with two heavy suitcases for nearly half a mile in order to catch his bus ; this necessitated physical exertion which would inevitably bring on an exacerbation of his pruritus. He then confirmed the identification of lavatory seat with bus seat which he had so strenuously denied, by suffering agonies of anal irritation during his two-hour bus journey to his home in the country. Moreover, on Monday morning, he opened the way to further understanding of his deeper anxieties by telling me—with great regret—that he had to tell two disgusting dreams about sexual intercourse —the first about two dogs, the second referring to homosexuality.

Although his associations confirmed the importance of the homosexual tendencies uncovered by these dreams, the most important immediate consequence of this dream material, concerned as it was with anal intercourse—and occurring during a week-end when interpretation of his anal aggression had brought about an exacerbation of his anal pruritus—was that during the next few days it became increasingly clear that these violent anal-sadistic phantasies were related to infantile observation of sexual intercourse, phantasies regarding a damaged, dangerous mother, and consequent castration fear. His concern and fear have been clearly demonstrated both in the transference situation and in his recollection of early material. After making some disparaging remarks about the genital organs of both sexes he asked me to give him ' an exact definition ' of what I meant by the female genitals. When I interpreted this as a request for a physical demonstration, he expressed extreme disgust but immediately said that he might as well tell me that when he was about three years old he had made this request to his mother and that she had replied that there was ' nothing to show '. He also recalled his extreme embarrassment when—at about six—he had seen his mother sitting on his father's lap and his father had remarked : ' He's jealous ', and laughed at him. He had no memory of observing or hearing parental intercourse, but told me that his room had communicated with that of his parents until he was about six years old with no intervening door. Moreover, he confirmed my interpretation that he had felt frightened and guilty with regard to the damaged—i.e. castrated—condition of his mother, recalling that—also at about three—he had made his mother very angry by smashing her favourite gramophone record which, very appropriately, had been called ' In the Shadows '.

During the hour when this material emerged he was intensely disturbed. In the early part of the hour he complained that he had an overwhelming impulse to laugh, but did not know the reason. He was very frightened by the recognition that emotions outside his conscious control were governing his behaviour. He covered his face with his hands and asked me several times ' What's happened to me ? I don't understand, please help me '. In the middle of the hour he was so disturbed that he said he must change his subject. He then told me that the day before he had spent the afternoon travelling to a suburban station on a fourpenny underground ticket. That this material did not in fact represent any true change of subject was obvious in two ways. In the first place his own insistence that he felt no guilt about cheating the railway company and that he regarded himself as 98 per cent. honest, was easily related to the conscious effort by which he had changed the subject. In the second place only two days before he had told me that the word ' travelling ' as applied to stallions meant sexual intercourse. We therefore soon returned to the original subject, namely, his early phantasies about an aggressive anal form of intercourse, his anxiety about the female genitals and his fear that their damaged condition, i.e. castration, was related to his own aggressive phantasies. His own behaviour during

interpretation of this material suggested that in addition to laughing and crying, he was also having considerable difficulty in keeping from wetting himself. It was thus possible to interpret not only the early situation but its re-enactment on the analytic couch and its relation to his paranoid fear of my retaliation. The fact, however, that he was able to bring out such strong emotion and to ask me for help, during the re-enactment of his aggressive phantasies, also made it possible to show him that in spite of his fears he did in fact retain the hope of making amends to me, which he had already expressed, and that he was not completely at the mercy of his worst fears.

In the week following this crucial hour, further material fully confirmed its most important meaning. Moreover, there was a good deal to suggest that his anxiety had in fact diminished. He disclosed a good many early sexual memories which had previously been withheld; he became much more openly aggressive towards me, frankly stating that he couldn't help disliking me considerably at times, and his paranoid fears were mainly shown by repeated expressions of fear, lest I discontinue his analysis by handing him over to somebody else, and self-reproach that he was unable to pay private fees.

In relating this material I have attempted to follow the sequence of what appears to be the main stream of the analysis. Before concluding I should like to touch very briefly on certain other aspects. That passive homosexuality plays a large part in this patient's psychopathology is self-evident. Up to the present he has not admitted any overt homosexual experience; he has, however, given a good deal of very suggestive material. Recently, for example, he has described occasional anal masturbation during childhood and adolescence. There have been frequent references to attacks and advances from behind. In view, however, of the importance of his phantasies of attack by a woman, i.e. dream of D. with a knife and fear of injections and hypnotism by me, and considering his anxiety dream about the hut with only one exit—I feel very doubtful at present that he has experienced any conscious passive homosexual object love. Although he occasionally refers to various boyhood friendships, they have not figured largely, and his relationship to his father and brother were characterized by hostility, resentment and fear.

There is a good deal to suggest that the analysis will be increasingly concerned with the relative importance of sight and sound. To recapitulate a few important points: it will be remembered that his symptoms, i.e. pruritus and double vision, were precipitated by sound—the noises made by his parents. I have recently learned that the bedroom situation at home, at the onset of his illness, represented an exact repetition of one which had existed in a different house during early childhood. On both occasions his bed was about ten feet from that of his parents, so that he could hear what was happening, but in a different room—with no intervening door—so that he could not see. In adult life one of his neurotic symptoms has been an exacerbation of organic double vision. In childhood, however, he showed marked curiosity with regard to seeing his mother's genitals. At about the age of eight, moreover, he persuaded a little girl to mutual exhibition and mutual masturbation —just before his mother went into hospital for a serious operation to her genital organs. He almost immediately confessed this incident to his mother because, he says, he feared that she would die in hospital unless he confessed his sins in order that she could arrange for him to be forgiven by God. It is noteworthy, however, that in this confession he gave his mother the impression that the little girl had been the active seducer rather than himself. In the analysis, on the other hand, it will be remembered that he has made repeated attempts to convince me that, in his relationship with D. he has been the active party.

It now appears probable that A.B. had a more definite and overt obsessional neurosis in his childhood than was at first apparent. A good deal of suggestive material refers to the period when he was about eight years old. At this time he had the important dreams about the fall towards the stone and the rise above his fellows on a column of fæces. It was at this period that he most clearly remembers having suffered from obstinate and pathological constipation. Finally, we have just learned that, during the same period, his mother underwent a serious operation after which, to his knowledge, she was unable to have any more babies. He was very frightened at about this time of a punishing God who was particularly relentless with regard to sexual misdemeanours. It appears possible, therefore, that his mother's operation, confirming as it did the damaged condition of her body—both inside and outside—constituted a new trauma leading to a definite regression from the precariously maintained genital activities characterized by curiosity and interest in the female genitals to the anal level illustrated by the dream about the stone, the fear of his brother—who has throughout the analysis figured as a ' bad father ' —as an anal-sadistic persecutor, and the revealing slip of the pen which he described in the following terms ' instead of a " p ", I put another letter '. That this regression was instigated by castration fear is suggested by a further memory that at a somewhat later date, he nearly fainted when he saw another boy cut his finger with a scout knife. The renunciation of genital activities was also illustrated by a phantasy that he was too big in front and that something ought to be removed. He has also repeatedly assured me that he thinks the female body more symmetrical than the male, and

depreciates the value of the male genitals by describing them as an unsightly protuberance.

It will be understood that the material this patient has produced is so rich that selection and omission have been extremely difficult. I should, however, mention that in spite of this productivity and in spite of the overwhelming evidence of early sexual preoccupations and marked aggressive tendencies, A.B. still tends to stress, not only his own lack of aggression, but his great innocence with regard to sexual matters, and to project the responsibility for his associations on to me. He is peculiarly lacking in insight with regard to symbols, insisting, for example, that he can't see why I should identify stones with fæces or knives and revolvers with penises. This denial, however, appears to be almost conscious ; in the hour, for example, after he had denied that the chip on the mantelpiece had a fæcal meaning, he confirmed the interpretation, but—by the same projection mechanism—imputed the connection to his brother. Although he still uses his pacifism as his trump defence mechanism against any suggestion that he might have aggressive tendencies, the repetition of these views has become more compulsive and less satisfying to him. His tone of voice becomes monotonous and somewhat querulous. He seldom asks me for answers but simply reiterates his conviction that these views must be right. The emotions previously attached to his opinions appear to be gradually transferring to the analytic situation and to his fears lest I reject him.

I have entitled this paper ' An Unusual Neurosis following Head Injury '. Before concluding I should like to raise some points with regard to the significance of the injury. It has not yet been possible to obtain a full picture of A.B.'s mental state during the period immediately preceding the accident. Considering the current importance and significance of his pacifist views, withdrawal of his position as a conscientious objector and subsequent acceptance for the combatant services must have roused very deep conflicts. He has admitted that he felt extremely depressed at the time and it appears that the accident may well have been a more or less unconscious suicidal attempt. That depressive tendencies and suicidal thoughts are of great importance has been clearly shown in a number of ways, although they have not so far been demonstrated with great intensity. It is clear, however, that these tendencies exist, and that analysis of his depression will play an increasing part as his analysis progresses.

One interesting feature, in the light of his previous pre-genital personality structure, is A.B.'s achievement of an apparently successful heterosexual love affair during his own convalescence from this serious head injury. At this stage of the analysis complete psychopathological elucidation of this relationship is not to be expected. It is, of course, possible that the conscious relief and euphoria so often exhibited after unsuccessful suicidal attempts may account for his unexpectedly successful genital activity. The fact that the accident successfully achieved one aim—namely, postponing and ultimately preventing his call-up for active service—may also prove vitally important. It is noteworthy, however, that although this relationship has given him considerable pleasure, it has not led to any improvement in his other personal relationships, has been accompanied throughout by serious neurotic symptoms, and in no way prevented the onset or mitigated the severity of the present neurosis. Moreover, although his friendship with D. has lasted, he has had conscious fears that she brings him bad luck, and in addition, the sexual relationship is playing a progressively diminishing part, with more and more emphasis on the spiritual qualities of the relationship.

Another possible causative factor should not, however, be excluded from consideration. This man had sustained a serious head injury. The site of injury and the fact that he remained under treatment for frontal abscesses suggests that any cerebral damage would have been to the frontal and pre-frontal areas. That definite cerebral injury had in fact occurred is shown by the length of the retrograde and post-traumatic amnesia. Following recovery of consciousness, there may have been temporary organic impairment of frontal lobe function with consequent disinhibition similar to that seen after bi-frontal injuries and pre-frontal leucotomy. A.B.'s present mental state, however, suggests that any organic impairment was temporary and short lived, and there is no evidence of any permanent cerebral damage. If, however, there was a temporary disinhibition, it is arguable that this may have made possible a genital relationship for which in his normal state of mental adjustment he was totally unprepared. This hypothesis—that organic disinhibition might result in even tentative and temporary advance from pre-genital to genital activity—may, on the face of it, appear to be paradoxical. It must, however, be remembered that the typically anal features in A.B.'s personality appear to have become patent from the age of eight, dating from the inhibition of his previous genital activities, chiefly characterized by curiosity and interest in women's genitals. This inhibition had probably been instigated by severe guilt and castration fear, at the time of his mother's operation. If, therefore, the effect of the accident was to reduce the severity of his super-ego, it is possible that the inhibition would be decreased—thus permitting the re-emergence of genital activity similar to that previously exhibited. That curiosity has played a very large part in his relationship with D. is undoubted. He has obtained from her information, not only about the female genitals, but has also discussed in detail all the facts of conception and

procreation. A good deal of this knowledge, moreover, it is clear from the analysis, had originally been obtained in early childhood and later repressed and denied.

Whether temporary organic impairment was an important factor, or whether psychological factors alone will ultimately be proved to account for this sexual relationship, there is no doubt to my mind that this love affair was an important ætiological link in the development of his present neurosis. That he could not maintain this genital position has been shown both by the gradual decrease of his sexual activity and by his paranoid fears that D. brings him bad luck. His guilt about this relationship has developed in the same way as his earlier guilt about his aggressive anal sadistic phantasies concerning his part in castrating his mother—who, it will be remembered, had told him there was 'nothing to show'. Now, when this guilt had been re-activated by his relationship with D., he encountered a situation at home which repeated in essence his earlier experiences of parental intercourse. Reinforcement of this anxiety and guilt which had in childhood—at the time of his mother's operation—resulted in alterations of personality, now precipitated the appearance of definite neurotic symptoms. In childhood, that is to say, he had developed a typically anal character, chronic constipation, inhibition of genital object love, related to castration fears, and inhibition of visual curiosity. In adult life, however, he developed severe pruritus, gradual loss of genital activity in relationship with D., and exacerbation of an already existing visual disability.

This paper is based on the first seven weeks of analysis. It is clear that this period has proved most revealing with regard to the structure and background of this complicated neurosis. The material has, moreover, amplified the diagnostic doubts I expressed before embarking on analysis, although it has to my mind confirmed my original opinion that the main structure of the neurosis is obsessional in character. While, however, my original reservation with regard to psychotic features referred chiefly to his self-described apathy and lack of initiative, the analysis has revealed no lack of affect—quite the reverse. Instead very marked paranoid anxieties have been exhibited. Some aspects of these anxieties have already been mentioned; I should also like to suggest that their appearance so early in the analysis may be understood partly in terms of the intensity with which his transference had developed during the three months between December when I accepted him for treatment and March when the analysis began; it also appears possible that the degree to which his home situation duplicates the infantile pattern may have facilitated the early re-enactment of infantile emotions. Certain striking similarities between A.B. and Freud's Wolf man, who, it will be remembered afterwards developed definite delusions, should, however, also be mentioned in this connection. In both men there is the vital significance of an anal aggressive response to the primal situation; in both there is a well-marked passive homosexual tendency which is strongly repressed and denied; in both there is a similar history and development of somatic complaints referred to the alimentary canal, a history of a childhood obsessional neurosis with religious features, and a real physical trauma—in the one, gonorrhœa, in the other, a serious head injury, preceding the onset of the current neurosis; in both, finally, there is, to quote Freud: the same 'contrast between the patient's agreeable and affable personality, his intelligence and nice-mindedness on the one hand and his completely unbridled instinctual life on the other'. In spite of these resemblances there are, however, significant differences: A.B. has not only brought his paranoid fears directly into the transference situation at a very early stage of the analysis, but it has also been possible to interpret his aggressive fears with regard to defæcation with subsequent diminution of his anxieties. Therefore the well-marked paranoid features which have emerged in the analysis of this obsessional personality have not, to date, suggested that this patient is clinically a psychotic; A.B.'s psychopathology, however, illustrates the anal sadistic basis of both paranoia and the obsessional neurosis which have been fully described by both Abraham and Melanie Klein.

Finally, it will be remembered that, at the time of my original interview, I was unable to exclude the possibility of organic cerebral damage. At that time I was mainly concerned with the possibility of residual organic defect. Now, although it appears clear that no permanent damage has occurred, I have suggested that temporary impairment, by leading A.B. into a personal relationship he could not maintain, may have played a significant part in the ætiology of his present neurosis. Although this question cannot be conclusively answered at present, it raises interesting points with regard to the relative importance of temporary and permanent cerebral dysfunction in the mode of action of physical methods of treating mental disorder. A.B., presenting as he does the possibility that temporary disinhibition may have serious results, suggests a number of interesting possibilities.

To conclude: In this paper I have discussed the first seven weeks of analysis of an obsessional neurosis. The neurosis is unusual first as a development from a typical post-concussive condition, second, in the appearance of marked paranoid features, related to an intense transference situation, early in the analysis. The possibility that temporary cerebral impairment may have played a part in the development of the present neurosis, is raised as a point for discussion.

ON GROUP ANALYSIS[1]

By S. H. FOULKES

The interest of a Psycho-Analyst in any form of collective treatment is likely to be only an indirect one. Of all forms of Psychotherapy, Psycho-Analysis calls least for supplementation. If carried out simultaneously, it might almost be considered as one of the contra-indications for Group treatment. Otherwise, Analysis would have to reconsider its own approach to the problem of the Psychoneuroses. Valuable clues towards an answer to this particular problem might result if one were to subject a number of patients, by way of experiment, to full psycho-analytic treatment and Group Analysis at the same time. On the other hand, to be a Psycho-Analyst does not, in itself, qualify anyone to conduct Groups. Indeed, it can be expected that Psycho-Analysts have as many resistances to a group approach as any other Psychotherapists or Psychiatrists. I will, therefore, on the present occasion not say much on procedure or technique. Nor will I speak on results and the reasons for them, which belong to the theory of Group Therapy. I must refer in this respect to previous publications (Foulkes & Lewis, 1944 and Foulkes, 1946). It would also be premature at this stage to try to give such an account. What one can say at present is that everyone experienced in group methods, no matter how widely they differ from one another, is agreed on their therapeutic value and on the fact that the theory is in its infancy.

It has been rightly said that group therapy has a very long past and a very short history. Even so, this would in itself fill an evening, and to compare and contrast the different methods might prove confusing. There is a better reason for not entering into the history of group treatment here and now. Until fairly recently I myself have known only by hearsay of the work done by others, and my knowledge of it is very patchy even at the present moment. I must, therefore, take it that you are interested to have some information on the development of group treatment as I know it from my own experience. I want, however, to make it clear that in confining myself to my own work, I am doing so from lack of adequate knowledge and not from any disregard or disrespect for the work done by others.

All I can try to do within the compass of this paper is to give you a bird's-eye view of the ground covered and a glimpse of the prospects ahead.

Talking about a group, I ought to give you a definition first. The word is used for a wide range of human aggregations. We cannot embark upon the task of disentangling the way in which these various collections differ and wherein they essentially agree. As it seemed impracticable to avoid the term altogether, I will at least say what is meant by a group for our present purpose.

Imagine that a number of people, say not fewer than five and not more than ten, preferably seven or eight, are called together in an informal way. They may be sitting round in a circle or round a table, or a fireplace, and they make themselves at home. The man who has called them together we will call the conductor or director. In our present case these people are patients under treatment for neurotic trouble and the conductor is their therapist. They come together as part of their treatment and they are intended to use the medium of language as a means of communication in attempting to deal with their difficulties. In the case of a military hospital, of course, they would be soldiers and they have probably formed all sorts of links between themselves already. Their therapist would be an officer as well as a doctor. Civilians, if they are out-patients, would meet only for the particular hour or two once or twice a week. Even so, special and dynamic relationships soon begin to form between the individuals and the conductor and between themselves, as well as between the assembly as a whole and any of its members. Two or more factions might develop and so on, in manifold ways. All this might be more fluctuating or more firm and permanent. They will show increasing interest in each other and consider themselves concerned as a whole with what happens to any one member. They will consider opinions, attitudes or actions, pass judgement, show tolerance or intolerance, present characteristic features, moods and reactions. They will begin to live, feel, think, act and talk more in terms of ' we ' than in terms of ' I ', ' you ' and ' he '. At the same time, however, and I want to stress this point, the individuals do not become submerged but, on the contrary, show up their personal characteristics more and more distinctly within the dynamic interplay of an ever-changing and often highly dramatic scene. As soon as this little sample community shows signs of organization and structure in the way described, we will call it a Group.

The type of group treatment in which we are interested has been called Group Analysis for want of a better name. This could be mistaken to imply that it claims to be an equivalent of or substitute for a Psycho-Analysis. If you take a very broad view, you could say that it uses psycho-analytic principles. As a matter of fact it is far less but also far more than a Psycho-Analysis in groups. As it is necessary for the purpose of understanding, I have to say something about my own orientation. In my approach the qualifying word ' analysis '

[1] Read before the British Psycho-Analytical Society, April 3, 1946.

does not refer to Psycho-Analysis alone, but reflects at least three different influences, all of which are actively operative.

(1) The principles evolved by K. Goldstein and Adhemer Gelb in their epoch-making work on patients with brain injuries, in which I was privileged to take a modest part, as a young man. They termed it ' Psychological Analysis '. This was the neurobiological equivalent of the ' Gestalt ' and allied schools, as for instance K. Lewin's Field Theory and others, all of which came to the fore about twenty years ago.[2] This approach is radically ' holistic '. It considers that the whole is more elemental than its parts and cannot be explained by the summary interaction, however subtle, of these parts, as they appear in isolation. The parts can only be understood in the context of the whole. By way of method it is stressed that all observable data are of equal significance. If a theory is adequate, it has to include all these data, the theory coming last. Only too often we are prejudiced by introducing a preconceived theory into the observation of facts without knowing that we do so. We must be at any stage in a spontaneous contact with a life-situation. The observer is aware of forming an integral part of the situation. He introduces dynamic forces into the field and is permeated by forces emanating from it. If this basic insight is wanting, a group cannot be handled or even observed correctly.

(2) The second influence is Psycho-Analysis itself. Being a psycho-analyst is, of course, reflected in one's orientation. What this implies need not be elaborated here. Everything which we know from our analytic work is of the greatest value, nothing is invalidated simply because people meet in a circle together. This refers particularly to the appreciation of unconscious meaning and the dynamics of the unconscious mind. The method of free association is used with such modifications as the group situation demands. In his attitude towards transference phenomena, resistances and other defence mechanisms, the group analyst is governed by the same considerations as the individual analyst. This refers to all aspects of the situation in essence. In detail everything is different. Group Analysis must be distinguished from other forms of Group Therapy also in the same way as Psycho-Analysis from other forms of Psychotherapy, and for the same reasons. It deliberately refuses to use the Group as a vehicle for the direct treatment of symptoms, for suggestion, persuasion, hypnosis or the like. Its aim is to approach the basic emotional conflicts, it wants to achieve insight, to subject behaviour, symptoms, transference, resistance and the like to further analysis and not to accept them at their face value. In this way it hopes to achieve a genuine and more lasting change in the patients' mental economy than do other forms of group therapy, potent as they are. It is astonishing enough if it does achieve this, even to a modest degree, when we consider the time factor alone. The time spent in actual session per patient in relation to the average analysis is somewhere in the proportion of 1 : 50 ; if we count group sessions alone, 1 : 250.[3] Yet we have every reason to think that it does achieve this aim. In my opinion these results are predominantly due to forces which are peculiar to the social setting and cannot take effect outside it. In this respect Group treatment is far superior to any individual treatment. In reference to our example, which is based on a rough but fair estimate, two corrections must be made. (1) The time in terms of calendar months would be in the proportion of 1 : 8, (2) group treatment should not be compared at all to psycho-analysis, but if anything to shorter forms of psychotherapy.

It must be stressed again at this point that economy in time, important as it is, in no way does justice to the intrinsic value of group treatment. It is not a substitute or a short cut : it demands to be appreciated as an essentially new orientation in psychotherapy and sociotherapy.

(3) The third contributary to the meaning of the term group analysis is what might be called sociological analysis, or socio-analysis. The group situation is a first-rate opportunity for the investigation and treatment of all the currents permeating the community as well as the particular group on hand, for instance a group of repatriated prisoners of war. In this respect the standards of what is considered as normal and acceptable are under revision and are re-established by the consent and verdict of the group itself. The individual Ego boundaries and Super-ego standards become fluid and are recast. Professor Karl Mannheim, in his book *Diagnosis of Our Time*, has used the same term ' group analysis ', independently, from a sociological point of view. He has written a whole chapter on it which came only recently to my notice. He rightly stresses the importance of this method for imparting, as well as gathering, information, and for observation and education. Group approach has, of course, many aspects which have been well known to educationalists for a much longer time than to psychiatrists. In this context, group analysis should be looked upon merely as a tool and it becomes particularly clear that it is not an end in itself. My own interest in

[2] These schools were to a greater or lesser degree opposed to psycho-analysis. Being convinced of its truth, while at the same time convinced of the truths embodied in these new teachings, it took much hard work and thinking to find a synthesis. However, truth, like peace, is indivisible. In retrospect I have written an article which tries to clarify the problems and to help towards their solution. (S. H. Fuchs (1936).)

[3] Counting 3 months = 12 weeks at 1½ hours for 8 patients and 2 years' analysis at 250 hours per year as average. If we add to this 6 hours of individual treatment supplementing groups, we allow for the whole time spent per head.

this form of treatment arose from the appreciation of the basic importance of the social nature of human behaviour and conflict. At the same time, nothing carries more conviction of this importance than the observation of human beings in the social setting of a group situation.

This, then, is the threefold sense which the name 'group analysis' is meant to convey:

(1) Akin to Psychological Analysis.
(2) Akin to Psycho-Analysis.
(3) Akin to Socio-Analysis.

Now we shall try, in seven-league boots, to follow a development which has taken five years of much work and thinking. For convenience sake we will describe it in five stages, each of which can roughly be said to have taken a year, and for each of which we will take about five minutes. In reality, of course, these five stages overlap and merge in one another and the later ones were implicit already in the first. It is an organic development, like a tree growing from a seed, a shift of emphasis rather than a series of distinctly new steps, and the tree is still very young indeed.

Stage 1. This was the stage of the first approach. Treatment in the group was conceived as only supplementary to individual treatment. Both were analytically oriented. The group was relatively individual-centred and relatively centred round the therapist. Communication was verbal, based on free association. Pooling was encouraged, the spontaneous trend of the group observed and left as free a range as seemed feasible. The main attention remained attached to the content. The therapist's function was predominantly that of an interpreter and catalyst. It was observed that the group session engaged the patient's interest at the expense of his individual session. This was treated as a resistance rather, but at the same time material from the individual interview was referred to the group, while difficulties or objections to bringing it forth in the group session were analysed. Group method and individual method were fully complementary to the benefit of both.

The principle of leaving the lead to the group was understood in the same sense as the psychoanalyst leaves the lead to the patient. This tendency to put the group into the centre was used in a more determined form in the out-patient groups started very soon afterwards. This leads to the next stage.

Stage 2. Here the group session was almost the only form of treatment available. It was not a case of group *versus* individual treatment, but since time would not allow for both, it was decided to see whether group treatment by itself was workable and what it would achieve. Refuge into private session was justified only on special occasions. This was now treated as a resistance, as it was from the point of view of the group session, and if ever possible, the material referred back to the group. In spite of growing mutual participation and the emergence of the group as a new entity, this approach was directed still more upon the interaction between individuals and on the reaction of these towards the material brought forth. In both of these stages the therapist could be said to treat individuals in a group setting.

Group patients in both these stages had no contact with each other outside the session. They varied in number and the group changed in composition. This was later on called the open group system.

Stage 3. This corresponds to a new start under military conditions. The patients were soldiers, inmates of a military neurosis centre, whose period of stay was limited to a maximum of three months as a rule. The patients shared the ward under the same psychiatrist and also had in common all the other features of hospital and army life as a whole. Under these conditions the closed group was used more often. Individual interviews were again combined with the group method, but for rather a different purpose since many practical points, such as the question of disposal, for instance, had to be discussed individually. There was, therefore, more of a division of labour between what was dealt with in group session and in private. Under these conditions free association became modified to what might be called a free floating discussion. Hospital affairs, Army problems, any matters affecting the group as a whole, became more prominent. As the question of the character of the man, his morals, his co-operation, his attitude to further service, etc., became of paramount importance, the emphasis of observation shifted from content to behaviour and attitude in the group and towards the group. Thus the group meeting became much more group centred, treatment more *of* a group than *in* a group. This phase coincided with a hospital atmosphere which was not always helpful for psychotherapy. The conductor found himself sometimes siding with the patients in respect of some of their criticisms. This did not do the slightest harm provided he himself was honest and his attitude fundamentally positive. Naturally, with lessening conflict in his own adaptation to Army life, such criticisms appeared to arise less frequently and could be dealt with even more easily.

At that stage the Training Wing, although belonging to the hospital, was sharply divided from it, even by its khaki as opposed to the blue of the Hospital Wing. It was equally divided in its spirit and orientation, while its living conditions, representing 'the Army', also provided a marked contrast. The move from Hospital to Training Wing, symbolizing a return to Army life and soon to Duty, was therefore a rather sudden jump, the more so as it happened to most patients within two or three weeks' of admission. This could only be exploited therapeutically by accepting the situation as a reality to be faced, and the

reality of Army life in particular. The soldier who had been sent to the hospital just because he could not adapt himself to this Army life, found himself confronted with an edition of it, which had some of the unfavourable and few of the good features of life in a Unit. Nevertheless, in the net result, group treatment had a particularly marked effect just on the improvement of morale towards the group itself, towards the Ward, the Hospital and the Army. All this is mentioned here because it forms a striking contrast to a phase to be described presently, in which the hospital became a most helpful therapeutic milieu. At the stage at present envisaged, all that was possible for the therapist was to create a good atmosphere within his own sphere of influence, on the ward. Few realized its importance. This fitted with a competitive spirit between individual psychiatrists as to their therapeutic results and the standard of morale of their patients. Group treatment and an equivalent approach to individual treatment, weighted on the side of positive co-operation and community sense, won this competition hands down on all counts, even statistically. The main new features characterizing this stage were :

Treatment group centred, conductor following the lead of the group rather than leading it, object of treatment more the group as a whole. Emphasis shifted to present problems affecting the group as a whole. While the common background of personal difficulties came more to the fore, individual differences appeared as variations of the same themes. The total personality and behaviour in and towards the group claimed more attention than individual symptoms and their meaning. The group's therapeutic function towards its members became more manifest.

A significant experience was that this shift of emphasis, at the expense of ' depth ' in the usual sense, did not affect therapeutic results adversely and the group seemed to have found the therapeutic optimum under existing circumstances.

Stage 4. This coincided with some other psychiatrists beginning to take an interest in group treatment. This method, hitherto tolerated, was now encouraged and the first steps were taken to synchronize the hospital's therapeutic aims, as well as to co-ordinate the work of the psychiatrists with hospital policy. This had to be in a constant state of flux in accordance with ever-changing circumstances and claims. It was therefore necessary for practical and didactic purposes to formulate simple and clear general directions for group treatment. These had to allow for the fact that not all therapists were very experienced in psychiatry or psychotherapy, still less in psychoanalysis. Furthermore, guiding principles had to be sufficiently general to allow for the widest range of individual differences which would, in any case, determine each psychiatrist's approach to the group. The first step was to help the psychiatrist to overcome his own difficulties and to encourage him to face groups. Once exposed to the dynamic forces within the group, psychiatrists became increasingly aware that it was true, that they were facing the same problems as the group and that they were members of the group. The emphasis was laid still further on the group as a whole. The main aim was to prevent the conductor from hampering the spontaneous expression and activity of the group. Thus he had to learn, tolerating anxieties and tensions within himself, resisting the temptation to play the rôle of the authoritative leader but rather submitting all problems to the group and facing them fairly and squarely with them. The more he succeeded in this, the more was he rewarded by the growing emotional maturity of his patients, their increasing capacity to tackle problems and conflicts by their own efforts, their growing sense of self-reliance, confidence, responsibility and independence. The psychiatrist in his turn learned that the best leader is the one who is sparing with interference, keeping in the background and who can most easily be missed. The effect of all this on the psychiatrists would make a fascinating chapter. Light was thrown on the psychiatrist's own emotional contribution in maintaining an unsound, infantile, neurotic, doctor-patient relationship. Group treatment in this form put this basic problem into the centre of therapy, much to the benefit of patient and psychiatrist alike.

The outstanding feature of this stage, therefore, was that treatment was not merely *in* a group or *of* a group but *by* the group and, of course, *for* the group.

Stage 5. Meanwhile a large scale transformation of the hospital was taking place. Higher authority had decided to make use of experiences gained elsewhere, in particular of W.O.S.B. experiences in which the ideas and work of Dr. Bion and Dr. Rickman had played a prominent part and had borne fruit. The living exponent of these ideas, the bearer of this mission, was Major (now Lieut.-Colonel) Bridger and his staff. He proceeded forthwith to co-ordinate the hospital as a whole, with the idea of letting it grow into a self-responsible, self-governing community. No effort was spared to sense the patients' needs, to unearth their spontaneously felt desires and urges, to create opportunities for all conceivable activities, whether for work, artistic interest, sports or entertainments, in and outside the confines of the hospital. While the patients were given every encouragement to express their wishes and helped to articulate them, coercion was neither used nor needed. Group approach was the natural corollary of all this. But the initiative had always to come from the patients and the onus of responsibility in the execution of matters, large or small, rested on them. The importance of all this from a therapeutic point of view was that the patient was at

every step brought face to face with a social situation, to which he had to give his characteristic response. The degree of his adaptation could thus be observed and influenced. Co-operation between us was perfect and there was not a single question of principle or detail in which we did not see eye to eye. Thus the relationship of the therapeutic group in the narrower sense towards the hospital changed, the smaller unit becoming more definitely oriented towards the larger community of the hospital. Neither of them is workable, or even thinkable, without the other. It never occurred to us to ask how much one or the other of them contributed to the therapeutic result, so fully did we look upon it as an integrated whole. Apart from this, the psychiatrist was (or should have been) operative in all the different groups in which his patients were engaged. To look upon this experiment otherwise is to misunderstand its basic idea as well as that of the psychotherapeutic group itself. The exact way in which the group changed and re-oriented itself towards the new conditions in the hospital was one of the most interesting points to observe. It furnished experimental proof of the truth that the individual group's and the individual person's mind is conditioned by the community in which it exists. Under these conditions, group approach could be developed in a variety of new forms and new dimensions could be added to it. While this is of far reaching importance and will be described elsewhere, no more can be done here than just to mention a few of the varieties of group formation which were observed.

There were spontaneous group formations. Patients could be seen in the social setting of their selected activities. This might be a fluid and loosely knit, casual community resulting from doing the same type of work or being in the same hut together, or it might be a more organized body, working together as a team at the same project. Such a team could be drawn from the patients of different psychiatrists, or it could be formed deliberately from one's own patients. In turn such a team might or might not meet in the same composition in therapeutic session. Very interesting and promising features developed in such groups as were deliberately chosen to go through the whole of their time in hospital together as a closed group. They had their beds together in the ward, shared group sessions and worked together on the same project, preferably one related to the Hospital itself. For instance, one group did all the work for the stage, from cleaning to designing and making the properties. They did all the technical work in connection with the performances, including lighting arrangements, etc. Others would constitute the hospital band, or produce the hospital newspaper, from collecting the material, reporting hospital events, writing articles and editing, to printing and selling it and so on. A group was formed to receive new patients and introduce them to the hospital, conducting them round and giving them all help and information they wanted. Others ran the club or had special functions in their own ward. There were a great variety of therapeutic groups of all descriptions, selected according to a variety of points of view, as well as quite unselected ones. There were also a number of experiments with spontaneous acting, individually and in groups. Groups were confronted with each other. For instance, the newspaper group at one time would act their own daily office meeting for a special purpose, but also all sorts of impromptu themes which they liked. While solving their own problems in connection with the newspaper itself, they often discussed one difficulty or another which they found with ' the patients ', their readers. It was proposed to them that they should invite one of my groups to watch their performance, so that they could approach them directly. This was done and led to a most lively discussion between the two groups with far-reaching effects on both of them as well as the relationship between the paper and the hospital. Often patients were seen from the very first in groups of about eight together, individual contact arising out of this and individual treatment being used only to settle special problems, a method which I personally used by preference and found very expedient. Whether one like it or not, it became obvious that many patients improved so much under this management that not only individual treatment but even psychotherapeutic group sessions tended to dry up or became subsidiary to the work project, ward activities or the social activities of the hospital. The effect of all this on the psychiatrists' group was very interesting too.

Many interesting observations could be made on the importance of assignment and selection, but in this respect we never reached a stage which would enable us to make systematic use of them. After all, we were not by any means an experimental station or research unit, but a military hospital working under high pressure and the practical needs of the day had to be met. But the stage of the war made certain interesting selections for us. For instance, at the time of the invasion, groups formed of acute battle casualties. Group observation easily selected them into two main categories : those who were to return inside a week or two to fighting duties and those whose condition ruled this out. The latter needed far longer treatment and shaped for modified employment or discharge. Again there were the groups of returning prisoners of war, who were studied both in pure culture and mixed with others who were not prisoners of war. In my opinion the latter was preferable on the whole. In this type of task the group approach showed its amazing superiority in finer diagnostic and prognostic assessment, and in bringing out the salient pro-

blems shared by the group, quite apart from its therapeutic effects. At a yet later stage, equally interesting observations of disintegration could be observed. The war was now over, Bridger had left, the staff was depleted by demobilization. The hospital policy had changed semi-officially to one of rehabilitation for civil life. Everything was affected. The old division between khaki and blue had changed its meaning completely. A certain note of apathy had descended upon both staff and patients. The hospital life had become stale and incoherent, the activity side somewhat departmental and institutionalized. What was to be done ? I had the good luck, on my own request, to be transferred to the activity department. It became quite clear that levers had to be used to bring about an effect on the hospital spirit as a whole. The situation suggested the remedy. Groups had to be formed whose task was directly related to the hospital itself and who, from their function, were forced into contact and co-operation with others. I was reminded of the words Freud wrote as a motto to his *Interpretation of Dreams* : ' Flectere si nequeo superos, Acheronta movebo.' In principle as well as in detail, this new approach opened fascinating vistas. One had to find one's way into the hearts of groups, or remnants of them, and bring them to life again. One had to be very active in this before one could be spared and the individual group once more would live and grow and move under its own steam. I needed help. I founded one group called the Co-ordination Group who with new-found enthusiasm soon became a most active factor in the life of the hospital. Their influence was felt within a week or two throughout the hospital, from the C.O. to the last patient, orderly or office girl. New life blossomed from the ruins, brains trusts and quizzes between psychiatrists and patients, and similar events resulted, producing once more healthy and positive contact and co-operation. I cannot go into details but these experiences were among the most interesting I had yet had.

Returning to our theme, the psychotherapeutic group in the narrower sense, it too had found a new meaning again. It became the best occasion for working out all these experiences and for reflecting upon them. Quite informally, I termed it the ' reflective ' group, as distinct from the ' functional ' or activity group. Once more, but on a higher plane, it had found its particular place : that of imparting insight, intellectual and emotional, into the more profound and individual, personal and at the same time more general and universal significance of all this turmoil of life around and inside itself.

It will be seen that in the development described, the following shifts of emphasis emerged :

From individual centred to leaving the lead to the group.

From leader centred to group centred.

From talking to acting and doing.

From the still artificial setting of a group session to selected activities and to groups in life function.

From content centred to behaviour in action.

From the controlled and directed to the spontaneous.

From the past to the present situation.

In order to avoid misconceptions as to the rôle of the conductor, I am bound to say that, in spite of all the emphasis on his receding into the background, he is in fact a most active agent and his influence remains the decisive factor in a therapeutic group. While it is easy to become a leader —in the popular misconception of the term—it is much more difficult to wean the group from having to be led, thus paving the way for their own independence. With both methods one can have success and it is in the last resort a political decision or a question of ' *Weltanschauung* ' which one prefers. One way lies Fascism, the other a true democracy. Moreover, in the latter form, the truly democratic one, the group method pays in fact the highest tribute to the individual.

Group treatment can thus be looked upon in a number of different categories.

The narrowest point of view will see in it merely a time saver perhaps, or a kind of substitute for other more individual forms of psychotherapy. Possibly it will concede that it might have special advantages, have its own indications, say, for instance, for the treatment of social difficulties. A wider view will see in it a new method of therapy, investigation, information and education. The widest view will look upon group therapy as an expression of a new attitude towards the study and improvement of human inter-relations in our time. It may see in it an instrument, perhaps the first adequate one, for a practicable approach to the key problem of our time : the strained relationship between the individual and the community. In this way its range is as far and as wide as these relationships go. Treatment of psychoneuroses, psychoses, crime, etc., rehabilitation problems, industrial management, education, in short, every aspect of life in communities, large and small. Perhaps someone taking this broad view will see in it the answer in the spirit of a democratic community to the mass and group handling of Totalitarian régimes.

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THE TREATMENT OF PSYCHONEUROSIS IN THE BRITISH ARMY[1]

By H. A. THORNER, London

An account of the treatment of psychoneurotics under military conditions in the Army may serve a useful purpose at this time of transition. Under new and fast-changing social conditions similar methods may come to be applied to the civilian population. It is essential to get a clear idea as to what has been achieved, and what is beyond those methods which I shall call 'manipulative psychotherapy'. This account will show that the methods applied are in a certain sense the opposite to the psycho-analytical approach, aiming as they do at a change in the patient through manipulation of his external environment.

I shall not deal with Army Psychiatry as a whole. Army Psychiatry has many branches of which treatment is not the most important. It aims at preventing neurotic breakdowns by assisting in the selection of candidates for special employment, e.g. as officers, and also helps in the assessment of the aptitudes of the ordinary soldier before he is sent to a unit. Further, there is the question of raising morale. These aspects of Army Psychiatry lie outside the scope of this paper, and the student interested in Army Psychiatry as a whole finds a complete survey in J. R. Rees's book, *The Shaping of Psychiatry by War*. I confine myself to the treatment of psychoneurotics in which I have personal experience, and which is the natural interest of the psycho-analyst who is practising as a therapist.

The treatment of psychoneurotics is not necessarily the same as the treatment of psychoneuroses. This leads to the important point of the aim of treatment. Under civilian conditions we often find that treatment drags on for a long time, because both the patient's and the analyst's ambitions rise as the patient improves. The treatment is prolonged beyond the time when the initial symptoms disappear. The aim of treatment in the Army is naturally much more restricted. At best we aim at restoring the patient to his previous health, 'previous' meaning as he was before enlistment, or before he developed his symptoms. A further consideration is the prevention of relapse. Naturally the best prognosis from an Army point of view is found in those cases which have a clear-cut precipitating external factor. The prevention of a relapse will often be attempted by taking care that the factor which precipitated the breakdown will be avoided in the soldier's future service. The touchstone of medical treatment under Army conditions, particularly of psychiatric cases, is the efficiency of the individual. It must be made quite clear that the responsibility of the Army Psychiatrist, and of the Army Medical Officer in general, is a two-sided one; he has to consider the welfare of the individual as well as the welfare of the group, that is the Army. So long as a soldier is efficient, and is able to remain efficient, the experienced Army Psychiatrist will not interfere.

So far as the Army is concerned, the soldier's home is his unit. He works and lives in his unit with his fellows, under the supervision of, and with, his officers. His Commanding Officer, or his immediate superiors, have the duty of looking after the individual soldier's welfare, and often they, and not the soldier himself, take the initiative in bringing him before the Psychiatrist. Many may never come to be seen by a Psychiatrist because their efficiency and conduct do not warrant any interference, although from a clinical point of view they may be neurotic. In fact a certain type of soldier gains efficiency from his neurotic make-up. Others who are spotted as being unsuited to their employment will very likely be sent for examination, with a view to having their employment changed. Some report sick on their own initiative, and many of them, perhaps the majority, find themselves in the hands of physicians and surgeons who, sooner or later, refer them as functional cases to their psychiatric colleagues. But not a small number will be recognized at once for what they are, and they will be referred to the Area Psychiatrist, who may or may not recommend admission to a hospital, according to the needs of the individual case.

The types of neurotics that come to be treated depend on the conditions. During a battle a different type of neurotic breakdown will be found from that which occurs under the comparatively quiet conditions far away from the battlefield. I myself have never worked under forward conditions, but I have seen many cases coming direct from the battlefield, particularly when the fighting re-opened in Europe after D-day. It has been a common experience to find that the majority of cases breaking down under battle conditions could not be called psychoneurotics in the proper sense of the word. Most of these soldiers were physically exhausted by long periods without sleep, and may have developed symptoms such as tremor by this alone, even without the alarming experience of battle. These cases reacted well to simple sedation which gave them the necessary physical rest, and they were soon fit to return to the unit. As these cases will not be dealt with fully in this paper, I may add here that they reacted best when treated as near to their unit as possible, instead of being evacuated to the base.

And here I must say a word about the so-called traumatic neuroses. This term has many meanings. It may include cases of battle exhaustion, cases

[1] Read before the British Psycho-Analytical Society, February 20, 1946.

who received physical injury and developed functional symptoms in connection with the physical injury, and lastly there may have been no physical injury at all, but a psychologically traumatic experience after which the soldiers develop either hysterical or anxiety symptoms. As explained before, cases of battle exhaustion do not really belong to this group. Cases of physical injury form a distinct group by themselves and some of them present very great difficulties in treatment. One type was particularly difficult to treat, the athletic man with marked narcissistic traits who used to pride himself in his body, and whose injured integrity aggravated his insatiable appetite for attention and expressions of love. This type also occurred among returned prisoners of war, but in their case the humiliation of life behind barbed wire replaced the physical injury suffered by the former group. The majority of cases who claimed that their symptoms were precipitated by a psychological trauma (or a doubtful physical one) developed after a definite latent period. This is very important as it shows that something must have happened before the situation developed its ' traumatic ' character. It has been suggested that traumatic neuroses develop according to the pattern of conditioned reflexes (Gillespie, 1945). I doubt if this is even a useful analogy. Besides, neurosis differs from a conditioned reflex in the most elementary aspects : no conditioned reflex can be elicited by one single experience, nor is there a latent period in the building up of conditioned reflexes as in the development of traumatic neuroses, nor anything equivalent to the ' reinforcement ' without which no conditioned reflex can be built up. Finally a conditioned reflex is in itself an obscure factor which is hardly an adequate theoretical explanation for a neurosis.

It would lead me too far to discuss the psychoanalytical theory of the traumatic neurosis here, a subject which merits separate treatment. But I may say that the importance of the latent period in the development of the traumatic neurosis has never received the recognition it deserves, although, during the first World War, Hauptmann and Schmidt drew attention to the time-relationship which exists between the trauma and the onset of the neurotic reaction (Freud, 1919).

It is in the latent period that the external danger becomes internalized and thus significant for the ego (Freud, 1926). This is consistent with the clinical finding that the analysis of the traumatic experience may reveal an intimate connection with familiar, old-established and unconscious internal danger situations, and from this it receives its energy. Another well-known clinical experience is that the severity of the trauma bears no relationship to its neurosogenic power, suggesting that it is not the energy of the trauma, but the internal energy liberated by the trauma that is the essential force. A further step leads to the connection of traumatic neurosis and depression. In both conditions we have a similar pattern, that is to say an external situation, either of an objective danger, or of the loss of an object. The immediate and normal reaction is, in the one instance fear, in the other grief (pain). Instead of a resolution of this reaction either by removal of the external danger, or by mourning, in certain cases the reaction is perpetuated, and leads either to traumatic neurosis or depression. In the case of traumatic neurosis Freud uses these words : ' The ego which has undergone the trauma passively, now repeats it actively in a weakened version, hoping to have the direction of it in its own hands. It is certain that children behave in this fashion towards every painful impression they receive, by reproducing it in their play. In thus changing from passivity to activity, they attempt to master it psychologically " (Freud, 1926).

While this is true in many cases of traumatic neurosis, particularly in those cases which suffer from repeated nightmares and marked anxiety symptoms, there are others in which hysterical and depressive symptoms are in the foreground and in which the psychological mechanisms are still more complicated than those just described. In these cases an old internal conflict is activated by the traumatic experience. Both depression and traumatic neurosis have this in common that they arise from an attempt by the individual to deal with an external situation by transforming it into an internal one ; in the case of depression by introjecting an object in an attempt to retain it in the ego, and in the case of traumatic neurosis by internalizing a danger situation in an attempt to master it by ego activity. There is another element the two conditions have in common ; while in melancholia the external loss loses its importance, so in traumatic neurosis the external trauma may be insignificant, and in some cases its existence may be even doubtful. Thus these conditions may be understood as reactions to a situation existing in reality or in phantasy. This relation between depression or melancholia and traumatic neurosis which has been anticipated by Freud in his comparison of mourning and anxiety (Freud, 1926), has never been fully worked out, although it promises to be instructive particularly in the light of recent discussions with regard to Freud's and Melanie Klein's work.

Under conditions of service at the Base, or at Home, the usual types of psychoneurotics together with mental defectives and psychopathic personalities were seen, namely, the hysterics, the sufferers from amnesia or from the so-called anxiety states, the enuretics, the soldiers intolerant of discipline and those with separation anxiety. It has been the general experience that the type of ' shaker ' of the first World War has been rare during this war, and so have the gross hysterical paralyses. The bulk of our cases are depressed or

show anxiety symptoms. An interesting phenomenon has been the prevalence of certain types of symptomatology in the different phases of the war. In the first years of my service (42/43) cases of syphilophobia were rare. Recently they have become quite common. The reasons for this are no doubt manifold, but the sense of guilt of the soldier returning home after several years' absence abroad is the most outstanding cause for this type of neurotic symptom. Another group is that of ex-prisoners of war, among whom almost every kind of psychoneurosis may be found with a prevalence of paranoid traits.

It is outside the scope of this survey to give a detailed psychopathology of the cases that come for psychiatric treatment. But certain questions arise that cannot be ignored.

(1) Is there any essential difference between the war-time neuroses and those we find in peace-time ? During the first World War this was the subject of discussion, the result of which was that, although the evidence for the application of the libido theory to war-neuroses was not conclusive, it was then very likely that there was no essential difference. Since then psycho-analytical theory has further developed and, particularly after the introduction of narcissism, it can now be said that there is no essential difference between the two types. But this does not exclude the possibility of the Army Psychiatrist seeing cases that seldom come to be seen by the civilian Psychiatrist, seldom at least under peace-time conditions. I have met with this experience myself and many cases which are found in military hospitals for psychoneurotics would never have reached the civilian psychiatrist, as they would have been treated at the level of the General Practitioner, or would have sailed under an organic label in a General Hospital, e.g. in many cases as gastritis.

(2) Are the neurotic breakdowns more frequent among soldiers than among a similar group of civilians ? Statistics are eminently unsuited for the investigation of psychiatric problems, and I have not even attempted to come to a decision based on a statistical analysis. The number of cases which come to a psychiatrist in the Army compared with those in civilian life are most certainly not an indication of the incidence of neurosis. My impression is that the incidence is not greater, but owing to external circumstances more soldiers come to be treated for their neuroses than come under civilian conditions. It may be in the interest of the unit to see that the dead weight of a neurotic is no longer carried, and that he be taken over by a hospital, whereas under civilian conditions, the individual is able to carry on with a greater degree of ill-adaptation.

(3) Would the same men who became psychiatric casualties have broken down under civilian conditions also ? The majority of our cases showed that their neurotic disposition was well marked even before enlistment. But very few ever needed medical help. I refer to the type of boy who states that he suffered from nightmares as a child, that he had marked fear of the dark, or was a nail-biter, or the type of man who has always been shy, avoided company and liked books and reading as an escape, but who accepted these things as natural inclinations and not as signs of illness. These men very often carry on with adequate efficiency so long as they are under their usual conditions. But once uprooted, taken out of their homes and set conditions, they find it very difficult to settle down in a fresh community which may be quite rough and has very little time for the peculiarities of the individual. What used to appear as a whim before may show itself now as a condition *sine qua non*, and the young man very often for the first time feels that he is handicapped compared with others. From here there is only a small step to a definite breakdown. Freedom in civilian life allows many outlets which are compensations and which are not open to the soldier. Even delinquency may be an escape, and when barred may have disastrous effects. I remember the case of a young but not very bright soldier who served quite a long time without any marked neurotic signs. This soldier was due to go to France sometime after D-day, but he deserted before embarkation. He was absent for several months, and after being arrested he was sentenced to eighteen months' detention. After having served three months his sentence was suspended, and he was sent to France. He went into action, but it was not very long before he broke down with a serious neurosis, for which he was evacuated as a psychiatric casualty. As a doctor I am bound to say that the soldier deserted in order to save himself from a nervous breakdown, but after this escape was barred there remained no choice but to break down. You can see that an organization which does not leave the individual any choice at all is bound to produce a number of neurotic breakdowns that would never have occurred under conditions of freedom.

As the organization of our society is in a state of considerable flux, this point may be worth remembering. Should the planning of economy lead to a control of individuals and direction of man-power, we should take care lest, by the introduction of another source of neurotic ill adaptation, we may lose what otherwise we might have gained in the way of reduction in nervous breakdowns through full employment.

But there is another side to the balance sheet. Quite a number of cases will find it equally difficult to adjust themselves to civilian conditions. Some of these cases are seen in military hospitals even before they are released. The number is not very great yet, but the more serious cases may be those who are not asking for help, as they are hoping that all their trouble will be over when once released, and they will be sorely disappointed

when they find that they are mistaken in their hopes.

The term neurosis or nervous breakdown has so far been rather loosely used. In the Army anyone who cannot do his duty is a liability, and consequently he is a casualty and passes into the care of the Medical Service. If the soldier is not organically ill, if he is a misfit, or ill-adapted for any reason, he is labelled ' psychoneurosis ' unless he suffers from a psychosis. As it has been shown, the criterion of efficiency is not so easily applied in civilian life, and the actual neurosis of the civilian may have gone much further before the patient becomes unfit for work. Under civilian conditions the psychiatrist relies more on the subjective side of a nervous complaint ; it is the patient's own realization that he is in need of help which is of consequence, and as a psycho-analyst one often has to fight the most important battle with the patient in order to enable him to realize this. The soldier is more ready to accept the fact that he is ill, particularly if the breakdown is not serious, because it confers certain advantages on him. On the other hand, many soldiers dissimulate their illnesses as soon as they come into hospital. I do not think that I shall be called upon to explain that the soldier, although he may use the secondary gain which his illness gives him, is not a malingerer. For the experienced it is not so difficult to differentiate between the malingerer and the soldier who is a genuine neurotic, and whose escape into illness has relieved him of a certain amount of previous internal tension.

As a psycho-analyst I approached the treatment of soldiers in the Army with much trepidation. I knew that any form of out-patient treatment which was found most suitable under civilian conditions was out of the question in the Army. On the other hand, the experience which I and others had with in-patient treatment of psychoneurotics has not been too encouraging. Further, there is a team of psychiatrists who come from every school of psychiatry, those who have been engaged mainly in the treatment of psychotics, and those with training on the lines of all the known psychotherapeutic schools. These psychiatrists are assisted by a staff of General Duty Officers whose qualifications for psychiatry vary very much. But in spite of this heterogeneous team the co-operation between the members of the staff has been good ; and as the methods of treatment have been shaped more by the exigencies of the service than by the teaching of the various psychological schools, there was no friction between the members of the team. With regard to the results of treatment, I cannot say that they varied very much. I have seen analysts who tried to apply the psycho-analytical methods with as little modification as possible to their military patients, and I cannot say that their results have been much superior to others who did not do so. I made up my mind not to try the impossible, as I felt that I would do more harm than good, in applying a method to which the existing possibilities could not do justice. I apply my psycho-analytical knowledge as well as I can, particularly in diagnosis and exploration, while conducting the treatment according to the available means. I should also mention that every psychiatrist is free to apply any treatment he considers indicated without interference, and to develop his own technique. It would be wrong to describe any particular treatment as *the* method of treatment in the Army. In the first place I shall describe how I treated my own patients, but I will also touch upon methods which have been widely used in the Army and elsewhere, though I myself did not use them to any extent.

The first thing to note about a psychiatric hospital in the Army is that it is a military establishment. Our primary aim has been to rehabilitate soldiers and we consider the success of our work not only in terms of so many patients cured, but also in terms of so many soldiers returned to duty. In the years before D-day our man-power situation was very precarious ; every available man had to be pressed into the service, and we were very reluctant to discharge anybody out of the Army who could possibly do a useful job. This policy naturally changed with the fortunes of war, and to-day a very different policy prevails.

With regard to the general atmosphere of the hospital, two points are considered essential : (1) the atmosphere is military, and (2) the individual soldier should be fully occupied while a patient in hospital. From morning till evening the patient's day is mapped out for him in the same way as in any unit. Naturally the employment is different. We are not allowed to have any weapon-training in the grounds of the hospital, because this is forbidden by the Geneva Convention, but the patients have to attend parades, they go on marches, they have P.T. and are occupied in classes doing woodwork, leatherwork, etc. They also work in the offices of the hospital, in the stores, and apart from their interviews with their Medical Officers, there is always something going on. In the afternoons lecturers come from outside, and in the evenings dances are organized.

On the whole, the atmosphere of the hospital is cheerful, but not at all relaxing. Every newcomer is invited to take part in the various activities and he is given as much free choice as possible. If he is not fit for them he is kept in bed until he is able to take part at least in some of them. Certain parts of the training are obligatory, e.g. P.T., and, except in very few cases, participation in them is the condition for certain privileges, such as passes in the afternoon. Naturally every case is considered on its own merits, and even an obligatory part of the training can be waived. A physical disability, in contrast to a neurotic disability is at once accepted as an adequate reason for exemption.

I think it will now have become clear that the

idea of this arrangement is to make full use of the element of secondary gain and its reverse, and its justification lies in the measure of success in the majority of cases. If anything, this is evidence that the neuroses in the Army are, at least in severity, different from those the civilian psychiatrist is accustomed to see. I may add that the regulations differ from hospital to hospital, and I do not describe one particular hospital, but take elements from the treatment as it is found in various hospitals.

In order to appreciate the next step I must give an idea of the number of patients under the care of each doctor. In busy times it was not infrequent for me to have single-handed 60 to 70 patients in my wards. If this is kept in mind, certain steps which otherwise may appear unpardonable will be seen in proportion.

After the physical examination of the patient is completed, and he is considered fit to be up (suicidal risk being excluded), he is issued with the 'Hospital Blue' and instructed to report at a specified time to his Medical Officer's office. What happens in the consulting room is an individual affair, this differs not only from doctor to doctor, but also from patient to patient, and the following description of a routine should not be taken as unalterable. The first step of the treatment is to take the medical, psychiatric and social history of the soldier as quickly and completely as possible. At the first interview I usually see the soldier for a short time only. I hear what he has to say and get a rough idea of his complaints and his case. I take pains to describe to him briefly the routine in the hospital, his duties and privileges, and the choice of occupation that is open to him, and the importance of getting from him a full history of his case for the purpose of his treatment. He is asked to give active help and to write out his own history. In order to facilitate this task he is given typed guidance notes, which contain no leading questions and make certain that every patient is instructed in the same way. I found these written histories most useful, particularly in a hospital in which the conveyor-belt system is inevitable on account of the great numbers to be dealt with. It not only supplies a short outline of the man's life but also enables him to be placed more quickly. Certain types of patients stand out in my memory; the young man with a polished façade but a most atrocious hand-writing betraying how little education and attainment there is behind it; it is the type of shop assistant who has to impress his customers; or the young man who forgets to mention anybody but himself; and the obsessional type who is meticulous in recording everything that may be of value at all. These histories gain their particular interest if compared with the appearance of the patient during the interview. I am not a graphologist, and I do not rely on hand-writing, or any *single* sign, in assessing a patient, but if there are many patients to be seen one is grateful for every pointer. Hand-writing is only one of the pointers and it becomes particularly instructive in its congruity and incongruity with the appearance, intelligence and character of the patient. The contents of the written life-history, the points emphasized or omitted, are, if anything, even more revealing.

The next step is the study of the patient's psychiatric and social history in connection with anything that he may bring up, or that may arise during the interviews. In addition, the soldier is investigated by means of psychological tests. The most generally used is the Matrix Test (Raven), which gives an estimation of the general intelligence. Special tests are available for certain aptitudes, which will be of importance at a later stage when the disposal, that is the later employment of the soldier, is discussed. With the help of these means it is possible to get an insight into the patient's illness and his make-up with great speed. Both by understanding the underlying causes of the soldier's breakdown, and by considering his position in the Army against the background of his previous pre-military history, a complete picture soon emerges.

The neurotic soldier often approaches all officers with a certain amount of suspicion, and the psychiatrist is not excluded from this suspicion. This, as in every analysis, has to be dealt with by analytical interpretation, but the reality situation must also be discussed, i.e. the position of each soldier, psychiatrist and patient alike, in the Army. In spite of the necessities of the service an earnest attempt is made to accept the limitations of the patient. Thus the soldier gains confidence, his limitations become apparent, and it becomes possible to assess what may be expected from him. At first he is apt to see his present difficulties as caused exclusively by Army experience. He is unaware that they have developed because of previously experienced difficulties — difficulties which have nothing to do with the Army and which were present even before enlistment. But once he reaches the point where he becomes aware of these underlying difficulties then the atmosphere becomes much more akin to the usual psychotherapeutic relationship. Interpretation of the unconscious is not avoided, and it has always been my practice to interpret the soldier's material both on the immediate Army level as well as in the transference situation of the consulting room and on the level of the unconscious. This, of course, varies from case to case, but on the whole I do not think that this is the essential part of the treatment in the Army, although of great help where it can be done. Naturally, not all psychiatrists will, in accordance with their training and outloook, be able or inclined to use this method.

The average soldier is not unwilling to serve, and his willingness will be greatly enhanced if he

understands that an earnest attempt is being made to recognize his individual limits and to employ him within these limitations. In order to do this the Army psychiatrist is endowed with the power of making certain recommendations with regard to special employment. If necessary, the soldier is tested by special units for his aptitudes and if considered suitable the recommendation is sent to the War Office, which takes great pains to follow the recommendation as far as possible. Being a vast organization, the Army is willing to employ anybody in any position so long as it seems likely that the best service can be got out of the individual soldier. In almost every employment there have been vacancies, and it has been only a question of which vacancies had the greatest priority. In the case of the neurotic soldier this priority has been waived in the interest of his limited possibilities. The scheme of selected postings for neurotics has been, in my view, the cornerstone of the psychiatric treatment of the psychoneurotic in the Army. In its way it was a success, and it cannot be assessed without reference to the prognosis of neurotics in the Army generally.

I have always discussed his future employment with the soldier freely, and if I succeeded in getting his co-operation I was confident of success. As a rule the soldier had to be taken out of a combatant rôle and employed in some sort of trade, anything from that of driver to cinema operator, from pay clerk to education sergeant, from private in the unarmed Pioneer Corps to military policeman. Often a static employment was all that was required, but home postings were not a success.

Other ancillary methods, mainly of a physical nature, are available and are used in military hospitals. In my experience they do not achieve anything that cannot be achieved by the purely psycho-therapeutic approach. One of their purposes was to satisfy patients who complained that no treatment was given to them, by which they meant 'treatment' as they knew it. This complaint was heard from time to time, and it varied very much from doctor .to doctor. It was more frequent with those M.O.s who had less experience in the handling of psychotherapy, but even if patients were handled with great care this complaint was in some cases, and in certain phases of the treatment, inevitable.

Sedation has already been mentioned in connection with the treatment of acute battle exhaustion. Big doses of barbiturates kept the patient asleep for a day or more, and there was no dividing line in principle between simple sedation and prolonged narcosis. Apart from acute exhaustion cases, the main indication is a state of psychotic excitement. In more chronic cases of psychoneurosis I have never seen a lasting effect, and would consider this method even as contra-indicated. Another method lying on a different plane is narco-analysis, about which a good deal has already been written. It has taken the place of hypnosis and catharsis used during the first World War. I personally found this method very disappointing. I have never been able to achieve more with it than by purely psychological methods without the help of a narcotic. The chief indications for this method are acute and sudden symptoms and amnesias. I do not recommend this treatment to anybody who can handle psychotherapeutic interviews. Electrical Shock Treatment has been widely used simply because depression was a frequent symptom in the neuroses of this war. I do not consider it justifiable to use it in psychoneurotics, but in selected cases of psychotics E.C.T. was used with benefit, although the effect of this treatment alone could not be relied upon as lasting. In conjunction with other methods it was certainly useful. A modified insulin treatment is also used, mainly for its fattening effect. The effect of insulin is interrupted by a rich glucose meal before major nervous symptoms appear. In certain cases of inanition and anorexia it is useful, but I do not consider it a routine method.

Last, but not least, there is a method which deserves special mention, as it is based on psychotherapeutic lines—group therapy. I have not used it, and I am very sceptical about it. It has been devised in order to treat as many patients as possible, but I do not think that the main benefit of personal contact between doctor and patient can be replaced by any method, however much it appears to save time. I believe that in the interviews I have had with my military patients, even if they were not daily, and did not go to deep layers, the personal contact was very important and the patients felt that something was done for them personally.

I have now to say a few words about our failures. The work of a doctor cannot be assessed in numbers of patients treated nor in numbers of patients cured. The success of a treatment will necessarily depend on the type of patient and the severity of the illness. I also cannot give you any figures of patients returned to duty, although every hospital collects statistics and graphs of this description. The material is too heterogeneous and the aim of treatment is too different with every case for a general statistical summary to be of any value, although I naturally concede that these statistics may be justified for administrative purposes. If a soldier is beyond rehabilitation with regard to his Army service, there is still an important aim to be achieved in making him fit for civilian life, so that he may live a happy and useful life as a citizen. If we include this as a legitimate aim of our work, I am confident that we have been able to give substantial help to most of our patients.

In accordance with the principle of treatment in the Army which does not aim at a therapeutic attack on the neurosis, but is a social management of psychoneurotics, the emphasis in the care of

neurotics after discharge from the Army is on social welfare. The Provisional Council of Mental Health for the Board of Control has been co-operating both with us and the Ministry of Labour.

Patients who needed further supervision could regularly be visited at home and a psychiatric social worker not only helped the family in arranging for the return of the patient, but also assisted in finding suitable employment and removing stress and difficulties so far as this was possible. With regard to psychiatric treatment of patients who are discharged with psychiatric disabilities, the prospect has been less hopeful. There are very few out-patient clinics in the country which are able to undertake such treatment, and in-patient treatment is rarely indicated.

The prognosis of psychoneurotics in the Army is not easy to determine. On the whole, under conditions of war, it has been possible to return the majority of cases back to duty, but the matter does not end there. It is true that many remained at their posts up to the end, but there were many, too, who had relapses. These cases progressively lost in efficiency, their medical category being lowered step by step whilst in the course of years their employability became more and more restricted. But in assessing the value of the psychiatric work one should not forget that at the time of the greatest shortage in man-power these soldiers would have been lost to the Army many months or years sooner, had they not gone through a psychiatric hospital. Even when a man was prevented from going overseas for psychiatric reasons, he could still do a useful job in the United Kingdom, whilst abroad he would have been a liability.

The prognosis in the Army is discussed from the point of view of efficiency. It goes without saying that the soldier is happier when in the right kind of employment, and the happier he is the more efficient he will be. Apart from change of employment very few adjustments are possible under military conditions. Even if one is inclined to exempt a soldier from certain duties, such as guards, it is doubtful if the soldier's position will be improved by it. His fellows on whose shoulders the work which he is not doing will fall, will most certainly let him know that they resent it.

The soldier who becomes unfit for service is discharged from the Army. This possibility must have had a great influence on psychoneurotics who were unhappy in the Army. We naturally see to it that discharge is not used simply to satisfy the desire to leave the Army, but that it remains a strictly medical recommendation. Another aspect which has gained less recognition is what influence this power has on the therapeutic outlook of the Army psychiatrist. Civilian doctors are not in a position to discharge their patients while they still need their help, thus procuring their admission to a happy dream world of freedom and reunion with all the good objects of the patient's phantasy. Indeed for some Army doctors who have not had much experience of civilian conditions, this will be a great handicap when they find that they cannot rely any more on this potent weapon. I mention this in order to show the limitations of the psychiatric methods of the Army of which one should be conscious if their application to civilian conditions is considered. In all fairness it should also be pointed out that this position is not confined to the Army Medical Service. The type of patient, and the type of treatment in the Army are on a level comparable to that of the civilian General Practitioner who takes the trouble to go deeper into his patients' problems than just by offering a bottle of medicine. And if the General Practitioner cannot get further with his similarly restricted methods, he also discharges his patient into other hands.

The best prognosis of all psychiatric cases is found in those cases with a mild and short psychotic episode.

It is now time to consider the principle or mechanism by which the treatment in the military hospital for psychoneurosis operates. Even the greatest enthusiast will not claim that the amount of analytical work which is possible in so short a time as two, or at the utmost, three months, can be of much avail. We have to fall back on other elements in order to understand the undoubted beneficial results. It appears to me that there are various stages to be recognized. In the first place the soldier is taken out of the situation in which his neurosis arose, and the fact that his whole life is changed and that he is given rest and personal consideration, alone has an effect on many. An antagonistic, almost a hostile attitude towards the Army, has often taken hold of the neurotic soldier. It is necessary that this be changed. I am not an advocate of the necessity of creating a positive transference relationship in order to gain access to a patient. But it is necessary that the negative transference is openly discussed and this has an enormous effect. Many soldiers do not dare to admit that they hate the Army, that they suspect every officer, the psychiatrist included. If this situation is handled as every analytical situation should be handled, there is no doubt that the basis for further far-reaching changes is prepared. I think this is almost the limit to which the analytical approach can go, and what now follows is on quite a different line. It is an acceptance by the Army authorities, and by the patient, of the fact that the soldier is unable to do certain things. If the patient realizes that the psychiatrist who has become for him the representative of the Army, now suddenly ceases to be a driver and pusher, and is considering him as an individual, then many anxiety symptoms disappear. The world of the soldier becomes more friendly and the defences relax. In addition to this—the dissolution of the

anxiety situation—a positive aspect is added, namely, the free discussion of the future of the soldier, be it in the Army in a new employment or even out of the Army on being discharged as medically unfit. The soldier's eyes are fixed on a positive task and future. This is a further stimulus under which symptoms disappear. If I may put it this way: the neurosis is not cured, but accepted as the limitation of the patient, and the patient's life is arranged accordingly. It is not the cure of a psychoneurosis, but the manipulation of a neurotic in order to allow him to remain efficient and to remain at work.

If my reading of the essential mechanism of this treatment is right it will be seen that it is not a competitor with psycho-analysis. It is less so because the cases are mostly those which would rarely be considered to warrant analysis. And this brings me back to the essential difference between the war neurosis and the civilian neurosis. The great majority of neurotic breakdowns in the Army would under civilian conditions never have reached the psychiatrist. These are the cases which the General Practitioner sees by the dozen, perhaps even more often than they are seen by the Army Psychiatrist, these are the cases about which we read in the statistics that they produce such a serious loss in the man-power situation of industry. Very few of them cannot be returned to their ordinary lives without major psychotherapy, and happily they respond to what I would call 'manipulative psychotherapy'.

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SOME PSYCHOLOGICAL ASPECTS OF PROSTITUTION: THE PSEUDOPERSONALITY—AN ADDENDUM [1]

By TIBOR AGOSTON

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UNTRANSLATED FREUD

(10) HYPNOTISM AND SUGGESTION (1888)

By SIGMUND FREUD

[*** What follows is an English rendering of Freud's preface to his translation of Bernheim's *De la suggestion et de ses applications à la thérapeutique* (1886; second ed. 1887). The German original has never been reprinted and was not included in Freud's *Gesammelte Schriften*. In his *Autobiographical Study* Freud relates how he spent some months in Paris in 1885–86 studying under Charcot and then returned to Vienna to set up as a specialist in nervous diseases. He goes on to describe his awakening interest in hypnotism and suggestion and how in the summer of 1889 he visited Bernheim at Nancy. 'I had many stimulating conversations with him', he writes, 'and undertook to translate into German his two works upon suggestion and its therapeutic effects.' There

[1] Accidentally omitted from the Paper published in Vol. XXVI., 1 & 2.

is some mistake here, for in fact, as will be seen, his preface to his translation of the first of Bernheim's books is dated a year earlier than this, in August, 1888. The book bore the title *Die Suggestion und ihre Heilwirkung* and was published in Vienna by Deuticke. The date 1888 also appears on the title-page, but the work was evidently issued in parts, for a postscript by the translator apologizing for some delay in the publication of its second half is dated January, 1889. However this may be, the preface belongs to the period during which Freud's interest was passing over from physiology to psychology, and it may perhaps claim to be his earliest published writing in the field of psychology.]

This book has already received warm commendation from Professor Forel of Zurich, and it is to be hoped that its readers will discover in it all the qualities which have led the translator to present it in German. They will find that the work of Dr. Bernheim of Nancy provides an admirable introduction to the study of hypnotism (a subject which can no longer be neglected by physicians), that it is in many respects stimulating and indeed enlightening and that it is well calculated to destroy the belief that the problem of hypnosis is still surrounded, as Meynert asserts, by a halo of absurdity.

The achievement of Bernheim (and of his colleagues at Nancy who are working along the same lines) consists precisely in having stripped the manifestations of hypnotism of their strangeness by linking them up with familiar phenomena of normal psychological life and of sleep. The principal value of this book seems to me to lie in the evidence it gives of the relations between hypnotic phenomena and the ordinary processes of waking and sleeping and in its bringing to light the psychological laws that apply to both classes of events. In this way the problem of hypnosis is carried over completely into the field of psychology, and ' suggestion ' is established as the nucleus of hypnotism and the key to its understanding. Moreover in the last chapters the importance of suggestion is traced in spheres other than that of hypnosis. In the second part of the book evidence is offered that the use of hypnotic suggestion provides the physician with a powerful therapeutic method, which seems indeed to be the most suitable for combating certain nervous disorders and the most appropriate to their mechanism. This lends the volume a quite unusual practical importance. And its insistence upon the fact that both hypnosis and hypnotic suggestion can be applied, not only to hysterics and to seriously neuropathic patients, but also to the majority of healthy persons, is calculated to extend the interest of physicians in this therapeutic method beyond the narrow circle of neuropathologists.

The subject of hypnotism has had a most unfavourable reception among the leaders of the German medical profession (apart from such few exceptions as Krafft-Ebing, Forel, etc.). Yet, in spite of this, one may venture to express a wish that German physicians may turn their attention to this problem and therapeutic procedure, since it remains true that in scientific matters it is always experience and never authority without experience that gives the ultimate decision in favour or against. Indeed, the objections which we have hitherto heard in Germany against the study and use of hypnosis deserve attention only on account of the names of their authors, and Professor Forel has had little trouble in refuting a whole crowd of them in a short essay.

Some ten years ago the prevalent view in Germany was still one which doubted the reality of hypnotic phenomena and sought to explain the accounts given of them as due to a combination of credulity on the part of the observers and of simulation on the part of the subjects of the experiments. This position is to-day no longer tenable, thanks to the works of Heidenhain and Charcot, to name only the greatest of those who have testified to their belief in the reality of hypnotism. Even the most violent opponents of hypnotism have become aware of this, and consequently their writings, though they still betray a clear inclination to deny the reality of hypnosis, also include attempts at explaining it and thus in fact recognize the existence of these phenomena.

Another line of argument hostile to hypnosis rejects it as being dangerous to the mental health of the subject and labels it as ' an experimentally produced psychosis '. Evidence that hypnosis leads to injurious results in a few cases would be no more decisive against its general usefulness than, for instance, the occurrence of isolated instances of death under chloroform narcosis forbids the use of chloroform for the purposes of surgical anæsthesia. It is a very remarkable fact, however, that this analogy cannot be carried any further. The largest number of accidents in chloroform narcosis are experienced by the surgeons who carry out the largest number of operations. But the majority of reports of the injurious effects of hypnosis are derived from observers who have worked very little with hypnosis or not at all, whereas all those research workers who have had a large amount of hypnotic experience are united in their belief in the harmlessness of the procedure. In order, therefore, to avoid any injurious effects in hypnosis, all that is probably necessary is to carry out the procedure with care, with a sufficiently sure touch and upon correctly selected cases. It must be added that there is little to be gained by calling suggestions ' compulsive ideas ' and hypnosis ' an experimental psychosis '. It seems likely, indeed, that more light will be thrown on compulsive ideas by comparing them with suggestions than the other way round. And anyone who

is scared by the abusive term ' pyschosis ' may well ask himself whether our natural sleep has any less claim to that description—if, indeed, there is anything at all to be gained from transporting technical names out of their proper spheres. No, hypnotism is in no danger from this quarter. And it will become an established fact that hypnosis is a harmless condition and that to induce it is a procedure ' worthy ' of a physician as soon as a large enough number of doctors are in a position to report observations of the kind that are to be found in the second part of Bernheim's book.

This book also discusses another question, which at the present time divides the supporters of hypnotism into two opposing camps. One party, whose opinions are voiced by Dr. Bernheim in these pages, maintains that all the phenomena of hypnotism have the same origin : they arise, that is, from a suggestion, a conscious idea, which has been introduced into the brain of the hypnotized person by an external influence and has been accepted by him as though it had arisen spontaneously. On this view all hypnotic manifestations would be mental phenomena, effects of suggestions. The other party, on the contrary, insist that some at least of the manifestations of hypnotism are based upon physiological changes, that is, upon displacements of excitability in the nervous system, occurring without those parts of the brain being involved whose activity produces consciousness ; they speak, therefore, of the physical or physiological phenomena of hypnosis.

The principal subject of this dispute is ' major hypnotism ' [' *grand hypnotisme* ']—the phenomena described by Charcot in the case of hypnotized hysterics. Unlike normal hypnotized persons, hysterics are said to exhibit three stages of hypnosis, each of which is distinguished by special physical signs of a most remarkable kind (such as enormous neuro-muscular hyper-excitability, somnambulistic contractures, etc.). It will easily be understood that the conflict of opinion that has just been touched upon must have an important bearing in connection with this region of facts. If the supporters of the suggestion theory are right, all the observations made at the Salpêtrière are worthless ; indeed, they become errors in observation. The hypnosis of hysterics would have no characteristics of its own ; but every physician would be free to produce any symptomatology that he liked in the patients he hypnotized. We should not learn from the study of major hypnotism what alterations in excitability succeed one another in the nervous system of hysterics in response to certain stimuli ; we should merely learn what intentions Charcot suggested to the subjects of his experiments in a manner of which he himself was unconscious—a thing entirely irrelevant to our understanding alike of hypnosis and of hysteria.

It is easy to see the further implications of this view and what a convenient explanation it promises of the symptomatology of hysteria in general. If suggestion by the physician has falsified the phenomena of hysterical hypnosis, it is quite possible that it may also have interfered with the observation of the rest of hysterical symptomatology : it may have laid down laws governing hysterical attacks, paralyses, contractures, etc., which are only related to the neurosis by suggestion and which consequently lose their validity as soon as another physician in another place makes an examination of hysterical patients. These inferences follow quite logically, and they have in fact already been drawn. Hückel (*Die Rolle der Suggestion bei gewissen Erscheinungen der Hysterie und des Hypnotismus*, Jena, 1888) expresses his conviction that the first ' *transfert* ' (the transfer ing of sensibility from one part of the body to the corresponding part on the other side) made by a hysteric was suggested to her on a particular historic occasion and that since then physicians have continued constantly producing this professedly physiological symptom afresh by suggestion.

I am convinced that this view will be most welcome to those who feel—what is still the predominant inclination in Germany to-day—an inclination to overlook the fact that hysterical phenomena are governed by laws. Here we should have a splendid example of how neglect of the mental factor of suggestion has misled a great observer into the artificial and false creation of a type out of the capriciousness and easy malleability of a neurosis.

Nevertheless there is no difficulty in proving piece by piece the objectivity of the symptomatology of hysteria. Bernheim's criticisms may be fully justified in regard to investigations such as those of Binet and Féré ; and in any case those criticisms will give evidence of their importance in the fact that in every future investigation of hysteria and hypnotism the need for excluding the element of suggestion will be more consciously kept in view. But the principal points of the symptomatology of hysteria are safe from the suspicion of having originated from suggestion by a physician. Reports coming from past times and from distant lands, which have been collected by Charcot and his pupils, leave no room for doubt that the peculiarities of hysterical attacks, of hysterogenic zones, of anæsthesias, paralyses and contractures, have been manifested at every time and place just as they were at the Salpêtrière when Charcot carried out his memorable investigation of the great neurosis. ' *Transfert* ' in particular, which seems to lend itself especially well to proving the suggestive origin of hysterical symptoms, is indubitably a genuine process. It comes under observation in uninfluenced cases of hysteria : one frequently comes across patients in whom what is in other respects a typical hemi-anæsthesia stops

short at one organ or extremity, and in whom this particular part of the body retains its sensibility on the insensible side whereas the corresponding part on the other side has become anæsthetic. Moreover, '*transfert*' is a phenomenon which is physiologically intelligible. As has been shown by investigations in Germany and France, it is merely an exaggeration of a relation which is normally present between symmetrical parts of the body: thus, it can be produced in a rudimentary form in healthy persons. Many other hysterical symptoms of sensibility also have their root in normal physiological relations, as has been beautifully demonstrated by the investigations of Urbantschitsch. This is not the proper occasion for carrying out a detailed justification of the symptomatology of hysteria; but we may accept the statement that in essentials it is of a real, objective nature and not falsified by suggestion on the part of the observer. This does not imply any denial that the mechanism of hysterical manifestations is a mental one: but it is not the mechanism of suggestion on the part of the physician.

Once the existence of objective, physiological phenomena in hysteria has been demonstrated, there is no longer any need to abandon the possibility that hysterical 'major' hypnotism may present phenomena which are not derived from suggestion on the part of the investigator. Whether these do in fact occur must be left to a further enquiry with this end in view. Thus it lies with the Salpêtrière school to prove that the three stages of hysterical hypnosis can be unmistakably demonstrated upon a newly arrived experimental subject with the most scrupulous behaviour on the part of the investigator; and no doubt such proof will not be long in coming. For already the description of major hypnotism offers symptoms which tend most definitely against their being regarded as mental. I refer to the increase in neuro-muscular excitability during the lethargic stage. Anyone who has seen how, during lethargy, light pressure upon a muscle (even if it is a facial muscle or one of the three external muscles of the ear which are never contracted during life) will throw the whole fasciculus concerned into tonic contraction, or how pressure upon a superficial nerve will reveal its terminal distribution—anyone who has seen this will inevitably assume that the effect must be attributed to physiological reasons or to deliberate training and will without hesitation exclude unintentional suggestion as a possible cause. For suggestion cannot produce anything which is not contained in consciousness or introduced into it. But our consciousness knows only of the end-result of a movement; it knows nothing of the operation and arrangement of the individual muscles and nothing of the anatomical distribution of the nerves in relation to them. I shall show in detail in a work which is shortly to appear [1] that the characteristics of hysterical paralyses are bound up with this fact and that this is why hysteria shows no paralyses of individual muscles, no peripheral paralyses and no facial paralyses of a central nature. Dr. Bernheim should not have neglected to evoke the phenomenon of neuro-muscular hyper-excitability by means of suggestion; the fact that he has not done so constitutes a serious gap in his argument against the three stages.

Thus physiological phenomena do occur, at all events in hysterical major hypnotism. But in normal, minor hypnotism, which, as Bernheim justly insists, is of greater importance for our understanding of the problem, every manifestation —so it is maintained—comes about by means of suggestion, by mental means. Even hypnotic sleep, it seems, is itself a result of suggestion: sleep sets in owing to normal human suggestibility, because Bernheim arouses an expectation of sleep. But there are other occasions, on which the mechanism of hypnotic sleep seems nevertheless to be a different one. Anyone who has hypnotized much will sometimes have come upon subjects who can only be put to sleep with difficulty by talking, while on the contrary it can be done quite easily if they are made to stare at something for a little. Indeed, who has not had the experience of a patient falling into a hypnotic sleep whom he has had no intention of hypnotizing and who certainly had no previous conception of hypnosis? A female patient takes her place for the purpose of having her eyes or throat examined; there is no expectation of sleep either on the part of the physician or of the patient; but no sooner does the beam of light fall on her eyes than she goes to sleep and, perhaps for the first time in her life, she is hypnotized. Here, surely, any conscious mental connecting-link could be excluded. Our natural sleep, which Bernheim compares so happily with hypnosis, behaves in a similar fashion. As a rule we bring on sleep by suggestion, by mental preparedness and expectation of it; but occasionally it comes upon us without any effort on our part as a result of the physiological condition of fatigue. So too when children are rocked to sleep or animals hypnotized by fascination [*Fesselung*] it can hardly be a question of mental causation. Thus we have reached the position adopted by Preyer and Binswanger in Eulenburg's *Realencyclopädie*: there are both mental and physiological phenomena in hypnotism and hypnosis itself can be brought about in the one manner or the other. Indeed, in Bernheim's own description of his hypnoses there is unmistakably one objective factor independent of suggestion. If this were not so, then, as Jendrassik (*Archives de Neurologie*, XI, 1886) logically

[1] [In fact not published till 1893: 'Quelques considérations pour une étude comparative des paralysies motrices organiques et hystériques', *Ges. Schriften*, I, 273; *trans. Coll. Papers*, I, 42.]

insists, hypnosis would bear a different appearance according to the individuality of each experimenter : it would be impossible to understand why increase of suggestibility should follow a regular sequence, why the musculature should invariably be influenced only in the direction of catalepsy, and so on.

We must agree with Bernheim, however, that the partitioning of hypnotic phenomena under the two headings of physiological and mental leaves us with a most unsatisfied feeling : a connecting link between the two classes is urgently needed. Hypnosis, whether it is produced in the one way or in the other, is always the same and shows the same appearances. The symptomatology of hysteria [2] hints in many respects at a psychological mechanism, though this need not be the mechanism of suggestion. And finally suggestion is at an advantage over the physiological conditions, since its mode of operation is incontestable and relatively clear, while we have no further knowledge of the mutual influences of the nervous excitability to which the physiological phenomena must go back. In the remarks which follow, I hope to be able to give some indication of the connecting link between the mental and physiological phenomena of hypnosis of which we are in search.

In my opinion the shifting and ambiguous use of the word ' suggestion ' lends to the antithesis a deceptive sharpness which it does not in reality possess. It is worth while considering what it is which we can legitimately call a ' suggestion '. No doubt some kind of mental influence is implied by the term ; and I should like to put forward the view that what distinguishes a suggestion from other kinds of mental influence, such as a command or the giving of a piece of information or instruction, is that in the case of a suggestion an idea is aroused in another person's brain which is not examined in regard to its origin but is accepted just as though it had arisen spontaneously in that brain. A classical example of a suggestion of this kind occurs when a physician says to a hypnotized subject : ' Your arm must stay where I put it ' and the phenomenon of catalepsy thereupon sets in ; or again when the physician raises the subject's arm time after time after it has dropped until the subject guesses that the physician wants it to be held up. But on other occasions we speak of suggestion where the mechanism of origin is evidently a different one. For instance, in the case of many hypnotized subjects catalepsy sets in without any injunction being given : the arm that has been raised remains raised of its own accord, or the subject maintains the posture in which he went to sleep unaltered unless there is some interference. Bernheim calls this result too a suggestion, saying that the posture itself suggests its maintenance. But in this case the part played by external stimulus is evidently smaller and the part played by the physiological condition of the subject, which disallows any impulse for altering his posture, is greater than in the former cases. The distinction between a directly mental and an indirect (physiological) suggestion may perhaps be seen more clearly in the following example. If I say to a hypnotized subject : ' Your right arm is paralysed ; you can't move it ', I am making a directly mental suggestion. Instead of this, Charcot gives a light blow on the subject's arm or he says to him : ' Look at that hideous face ! Hit out at it ! ' ; the subject hits out and his arm drops down paralysed. (*Leçons du mardi*, t.I. 1887–8.) In these two last cases an external stimulus has in the first instance produced a feeling of painful exhaustion in the arm ; and this in turn, spontaneously and independently of any intervention on the part of the physician, has suggested paralysis—if such an expression is still applicable here. In other words it is a question in these cases not so much of suggestions as of stimulation to *autosuggestions*. And these, as anyone can see, contain an objective factor, independent of the physician's will, and they reveal a connection between various conditions of innervation or excitation in the nervous system. It is autosuggestions such as these that lead to the production of spontaneous hysterical paralyses and it is an inclination to such autosuggestions rather than suggestibility which, from the point of view of the physician, characterizes hysteria ; nor do the two seem by any means to run parallel.

I need not insist on the fact that Bernheim too works to a very large extent with indirect suggestions of this sort—that is, with stimulations to autosuggestion. His procedure for bringing about sleep, as described in the opening pages of the present volume, is essentially a mixed one : suggestion pushes open the doors which are in fact slowly opening of themselves for autosuggestion.

Indirect suggestions, in which a series of intermediate links out of the subject's own activity are inserted between the external stimulus and the result, are none the less mental processes ; but they are no longer exposed to the full light of consciousness which falls upon direct suggestions. For we are far more accustomed to bring our attention to bear upon external perceptions than upon internal processes. Indirect suggestions or autosuggestions

[2] The relations between hysteria and hypnotism are no doubt very intimate, but they are not so close as to justify one in representing an ordinary hysterical attack as a hypnotic state with several stages, as Meynert has done before the Vienna Society of Medicine (reported in *Wiener medic. Blätter*, No. 23, 1888). In this paper, indeed, a general confusion seems to have been made of our knowledge about these two conditions. For Charcot is spoken of as distinguishing *four* stages of hypnosis, whereas in fact he only distinguishes *three*, and the fourth stage, the so-called ' somniant ' stage, is nowhere mentioned except by Meynert. On the other hand, Charcot ascribes *four* stages to the hysterical attack.

can accordingly be described equally as physiological or as mental phenomena, and the term 'suggestion' has the same meaning as the reciprocal provocation of mental states according to the laws of association. Shutting the eyes leads to sleep because it is linked to the concept of sleep through being one of its most regular accompaniments: one portion of the manifestations of sleep suggests the other manifestations constituting the phenomenon as a whole. This linking-up lies in the nature of the nervous system and not in any arbitrary decision by the physician; it cannot occur unless it is based upon alteration in the excitability of the relevant portions of the brain, in the innervation of the vasomotor centres, etc., and it thus presents alike a psychological and a physiological aspect. As is the case wherever states of the nervous system are linked together, it may run its course in either direction. The idea of sleep may lead to feelings of fatigue in the eyes and muscles and to a corresponding condition of the vasomotor nerve centres; or on the other hand the condition of the musculature or a stimulus acting on the vasomotor nerves may in itself cause the sleeper to wake, and so on. All that can be said is that it would be just as one-sided to consider only the psychological side of the process as to attribute the whole responsibility for the phenomena of hypnosis to the vascular innervation.

How does this affect the antithesis between the mental and the physiological phenomena of hypnosis? There was a meaning in it so long as by suggestion was understood a directly mental influence exercised by the physician which forced any symptomatology he liked upon the hypnotized subject. But this meaning disappears as soon as it is realized that even suggestion only releases sets of manifestations which are based upon the functional peculiarities of the subject's nervous system, and that in hypnosis characteristics of the nervous system other than suggestibility make themselves felt. The question might still be asked whether all the phenomena of hypnosis must *at some point* pass through the mental sphere; in other words—for the question can have no other sense—whether the changes in excitability which occur in hypnosis invariably affect only the region of the cerebral cortex. By thus putting the question in this other form we seem to have decided the answer to it. There is no justification for making such a contrast as is here made between the cerebral cortex and the rest of the nervous system: it is improbable that so profound a functional modification of the cerebral cortex could occur unaccompanied by significant alterations in the excitability of the other parts of the brain. We possess no criterion which enables us to distinguish exactly between a mental process and a physiological one, between an act occurring in the cerebral cortex and one occurring in the subcortical substance; for 'consciousness', whatever that may be, is not attached to every activity of the cerebral cortex, nor is it always attached in an equal degree to any particular one of its activities; it is not a thing which is bound up with any locality in the nervous system.[3] It therefore seems to me that the question whether hypnosis shows mental or physiological phenomena cannot in this general form be accepted and that the decision in the case of each individual phenomenon must be made dependent upon a special investigation.

To this extent I feel justified in saying that, whereas on the one hand Bernheim's work goes outside the region of hypnosis, on the other hand it leaves a portion of its subject-matter out of account. But it is to be hoped that German readers of Bernheim will now have the opportunity of recognizing what an instructive and valuable contribution he has made with his description of hypnotism from the standpoint of suggestion.

VIENNA, *August*, 1888.

ABSTRACTS

Leo A. Spiegel and C. P. Oberndorf. 'Narcolepsy as a Psychogenic Symptom.' *Psychosomatic Medicine*, 1946, Vol. VIII, No. 1, pp. 28–35.

The authors present the case of a 49-year-old female who suffered from attacks of uncontrollable sleep for over a year. Observation and treatment covered a period of six years. Brain tumour and encephalitis were ruled out. The duration of the attacks of pathological sleep varied from seconds to thirty-six hours: the depth varied also. The symptoms followed a fairly consistent, though not fixed, pattern. Ordinarily meek and compliant, the patient would have periods of sulkiness, followed by mild drowsiness and motor and sensory conversion phenomena and then the abnormal, deep sleep. She had been having continuous and concurrent sexual relations with her father since the age of six, with a lover since the age of fourteen and with her husband since nineteen. The relations with her father and lover had a strong masochistic and guilt-laden quality.

No significant material could be elicited by hypnosis (perhaps because the hypnotic trance was too similar to the symptom itself), and this

[3] [In this connection it is relevant to quote a footnote added by Freud by way of criticism to a passage in his translation of Bernheim's book (p. 116): 'It appears to me unjustifiable, and unnecessary, to assume that an executive act changes its localization in the nervous system if it is begun consciously and continued later unconsciously. It is, on the contrary, probable that the portion of the brain concerned can operate with a changing amount of attention (or consciousness).']

approach was dropped after a year. Much material was elicited during a two-year period of direct interviews. During this period drowsiness and successful catharsis were in inverse relation to one another. For the next three years the approach was passive and analytic. During this period the conversion symptoms and attacks of sleep almost entirely disappeared, but a strong sense of guilt supervened. The authors conceive of the narcolepsy as a means of unconsciously satisfying the forbidden wishes without experiencing conscious guilt and also as a simultaneous punishment for the wishes. Because of the close relationship of the symptoms, Spiegal believes that the mechanisms of conversion and narcolepsy must be similar.

Sidney Tarachow.

Jules H. Masserman and K. S. Yum. 'An Analysis of the Influence of Alcohol on Experimental Neuroses in Cats.' *Psychosomatic Medicine*, 1946, Vol. VIII, No. 1, pp. 36–52.

Experimental neuroses were induced in twenty-one cats after a feeding situation, which involved various conditional signals and the solution of difficult situations in order to reach the food, had been established. The neurotic symptoms were severe inhibitions, hypersensitivity and aversion to stimuli associated with the experimental conflict, loss of dominance over a passive partner and other somatic and motor dysfunctions. Small doses of alcohol disintegrated these neurotic patterns and permitted the experimentally conditioned 'normal' goal-oriented responses to re-appear, although there were co-ordinative evidences of intoxication in the execution of the 'normal' response. Some animals developed temporary addictions to alcohol, the addiction disappearing after the normal goal activities had been carried out successfully several times under the influence of alcohol. In the control situation, before the neuroses had been induced, under the influence of alcohol, the cats suffered disintegration of the 'normal' experimentally conditioned patterns involved in reaching the goal. The alcohol injured the most recently learned complex adaptive patterns in the cat, whether they were experimentally normal or experimentally neurotic.

Sidney Tarachow.

Charles Fisher. 'Amnesic States in War Neuroses: The Psychogenesis of Fugues.' *The Psychoanalytic Quarterly*, Vol. XIV, No. 4, 1945, pp. 437–469.

The author describes cases of fugue which fall into three categories: (1) fugue with awareness of loss of personal identity; (2) fugue with change of personal identity; (3) fugue with retrograde amnesia. He emphasizes the necessity of discovering exactly what occurred in the patient's mind just prior to, during, and immediately after, the onset of the fugue. The exposition of the technique used and the cases are clear. The fugue state, like the dream, has manifest and latent content; the manifest content is acted out, but the deep unconscious meaning frequently does not obtain expression. Another resemblance to dreams is the process of distortion. It is suggested that the fugue permits acts or phantasies which are in conflict with the super-ego. Usually there is a real or imagined danger from which there is no escape since the patient has not the ability to fight or protect himself.

Sylvan Keiser.

Henry Alden Bunker. 'Repression in Pre-Freudian American Psychiatry.' *The Psychoanalytic Quarterly*, 1945, Vol. XIV, No. 4, pp. 469–478.

Dr. Bunker discusses a paper published in 1892 in the *American Journal of Insanity* by Charles W. Page, entitled 'The Adverse Consequences of Repression.' The quotations from the original paper show clearly that Dr. Page recognized in the utterances of a psychotic patient evidence of her release from repression of sexuality which had caused a conflict within her. Furthermore, Dr. Page clearly stated that everything the patient says derives from her own mental constellations. The author presents quotations from Page's article indicating an understanding of displacement, distortion and disguise. He then compares the concepts of repression by Freud and Page and although there are differences he finds the latter's interpretations worthy of tribute since they were well ahead of contemporary concepts.

Sylvan Keiser.

BOOK REVIEWS

Neurosis and the Mental Health Services. By C. P. Blacker. (Oxford University Press, 1946. Pp. 218. Price, 21s.)

The survey on which this report is based was undertaken by the Ministry of Health and the Medical Research Council in the autumn of 1942. Its original purpose was to obtain information on the adequacy of psychiatric out-patient facilities to deal with the psychiatric troubles of a civilian population subjected to more than three years of war. The publication of the Beveridge report in December 1942, however, suggested that the survey might also consider 'how the psychiatric services of this country might be improved after the war.'

The result is a very impressive document which

is likely to be a standard work for at least the next decade. The gross inadequacy and uneven distribution of present facilities is emphasized, though comfort is obtained from the fact that growth has been exceedingly rapid since 1930. Dr. Blacker's recommendations for further development deal systematically with all aspects of a mental health service and should be studied by everyone hoping to participate in such a service in future. A key chapter is XI, in which the mental health services necessary for a population of a million are sketched.

In such a far-reaching plan there is clearly much room for debate and the adequacy of some of his proposals will be called in question. Nevertheless, Dr. Blacker's broad perspective will be welcomed. He recognizes the immense importance of preventive psychiatry which, as he remarks, ' has its roots in sociology,' and lists a number of preventive measures, giving high priority to parent and child guidance and to industrial psychiatry, including vocational guidance. He emphasizes the urgent need for more and better-trained psychiatrists and advocates a chair of psychiatry in every university medical school. The need for psychiatry to have close links both with other medical activities and with the social services of the community is underlined.

His views on the rôle which the Institute of Psycho-Analysis might play in the future are of interest. After mentioning the Maudsley Hospital, Dr. Blacker recommends that ' full use should be made of London's other facilities,' and lists Guy's Hospital, the Tavistock Clinic and the Institute of Psycho-Analysis. He recommends that voluntary associations such as the Institute ' should be actively encouraged to continue their activities. They might with advantage be allowed representation on central organizations, whether professional or, in an official sense, advisory ; and much can be said for further developing the practice of giving financial help from central funds to deserving and useful voluntary bodies.'

Such quasi-official recommendations coming on top of much other evidence demonstrate that the status of psycho-analysis has changed radically in the past ten years, and is still changing. We shall look forward to the day when this new status is confirmed by the first financial grant ' from central funds.'

John Bowlby.

The Person in the Body. By Leland E. Hinsie. (W. W. Norton & Co., Inc., New York. Pp. 263. Price, $2.75.)

Many attempts have been made to present in simple form the recent psychiatric contributions to the interaction of mind and body, and Dr. Hinsie's book easily takes its place among the best of these. It has the rare quality of being lively and at the same time authentic and scholarly. Written on a niveau to appeal to both layman and physician it may at times cause momentary difficulties to the reader in its alternation of the layman's, patient's and practicising physician's interests. For the latter the chapter on ' Variety of Psychosomatic Syndromes ' will prove particularly valuable in the approach to the patient and in diagnosis.

Dr. Hinsie has gone to great pains to avoid dogmatism, and though his general orientation is broadly psycho-analytical, it is not strictly Freudian. This is especially noticeable in the interpretation of numerous well selected and interesting case reports which illustrate some of the conflicts most frequently found in marriage, sex and other social adaptations. Nevertheless at the conclusion of the book most people will infer that psycho-analysis offers the best approach to the majority of mental and psychically induced physical disorders.

C. P. Oberndorf.

PUBLICATIONS RECEIVED

[*Appearance in this list does not preclude subsequent notice.*]

A. BOOKS

Neurosis and the Mental Health Services. By C. P. Blacker. (London : Oxford University Press. 1946. Pp. xxii + 218. Price, 21*s.*)

Psychoanalytic Therapy : Principles and Application. By Franz Alexander and Thomas Morton French (with others). (New York : The Ronald Press Co. 1946. Pp. xiii + 353. Price, $5.00.)

The Feminine Character. By Viola Klein. (London : Kegan Paul, Trench, Trubner & Co. Ltd. 1946. Pp. xv + 228. Price, 12*s.* 6*d.*)

Art and Regeneration. By Maria Petrie. (London : Paul Elek Publishers Ltd. 1946. Pp. 142. Price, 12*s.* 6*d.*)

Child Treatment and the Therapy of Play. By Lydia Jackson and Kathleen M. Todd. (London : Methuen & Co. Ltd. 1946. Pp. ix + 115. Price, 8*s.* 6*d.*)

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The Journal of Nervous and Mental Disease (New York).

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OBITUARY

OTTO FENICHEL[1]

By ERNST SIMMEL

Reluctantly and with a heavy heart did I agree to address this Memorial Meeting to honour our late friend, co-worker and teacher, Otto Fenichel. He died so suddenly—the time that has elapsed is so short and the gap left in our science by his death is so huge and seems so impossible to fill, that I feel at a loss to say anything that would give comfort to us or to the cause he left behind. Only our psycho-analytic knowledge that in mourning for a deceased friend we undergo a psychological process of identification encouraged me to talk to-night.

I think it is necessary, especially for us—who study psycho-analysis, who practise psycho-analysis, who teach psycho-analysis—to undergo this process of identification not only emotionally, but also to remain intellectually and consciously aware of whom we are identifying with and why. As psycho-analysts, our duty is relentless intellectual honesty with ourselves in facing death—our own or that of a friend.

If we allow only our emotions to carry us away, we are in danger of falling prey to natural unconscious ambivalences: of overdoing praising our friend from whom we must part—but at the same time forgetting, repressing his scientific achievements because they indicate the heavy obligation to carry on and to continue where he left off. In an attempt to deny the limitation of our own lives, we might be only too willing to concede immortality to the deceased, in order to share this by way of identification. For us as psycho-analysts it is not enough to preserve the significance of a leading teacher of our science only in our hearts—our intellect must remain conscious of who Otto Fenichel was and what he stood for.

It is my impression that when Freud died some of his former followers in a dim emotional awareness of the mourning process of identification, developed defences against this identification and felt impelled to deny that which they could not repress—Freud's achievement—by simultaneously proclaiming his personal immortality. The same danger arises again to-day. For with Fenichel's death, Freud has died once more. By this, I do not mean to imply that Fenichel's work equals the work of Freud's genius. All of us who work in the field of psycho-analysis know that whatever we or our leading men have contributed to the progress of our science—they were enabled to do this only because they had grown with a science which developed according to its immanent laws of growth, as fundamentally established by Freud.

With Fenichel we lose Freud once more. By this I mean that we lose a man who as none other among our contemporaries was the truest follower of Freud, the best representative of his teachings, and his most ardent champion in fighting opposition based on ignorance or scientific opportunism.

Fenichel succeeded completely in bringing about within himself the synthesis between emotional and intellectual identification with Freud. One would never hear him praise Freud—but ever so often you would hear him quote Freud, explain Freud, define Freud—what he wrote, why and when he wrote it, just at what given time of a certain developmental phase of psycho-analysis. This referring to Freud's writings so often, earned him the reputation of being an 'orthodox Freudian'. If orthodoxy means having read Freud, having understood Freud, using Freud's fundamental concepts as a basis for further research, and when teaching psycho-analysis means not forgetting what you have learned from Freud—then it is true that Fenichel was really an orthodox Freudian, this in more than one sense. Fenichel

[1] Read before a joint Memorial Meeting of the San Francisco Psycho-Analytical Society and the Psycho-Analytical Study Group of Los Angeles, March 8, 1946.

was as orthodox as Freud himself in not consenting to have anyone break psycho-analysis into pieces because some of its fragments could be used for psychotherapeutic purposes. He was as orthodox as Freud in demanding that anyone who uses part of the psycho-analytic armament should first be well acquainted with the entire body of psycho-analysis—otherwise he would not know what he was doing to psycho-analysis and, moreover, what he was doing to his patients. In the present arguments about ' psychotherapy on psycho-analytic principles ' Fenichel was as orthodox as Freud. Fenichel, as well as Freud, recognized the enormous amount of neurotic misery in the world and the relative insufficiency of the basic psycho-analytic procedure in meeting the needs of the masses. After World War I, Freud appealed to the conscience of the world and called for the establishment of psycho-analytic institutes all over the world to provide a thorough training of as many psycho-analysts as possible who should then treat people free of charge and when necessary to ' alloy the gold of psycho-analysis with the copper of other psychotherapeutic procedures '.

In his book on *The Theory of the Neuroses*, published recently, before his death, Fenichel once more appeals to the scientific conscience of the psycho-analysts who work in such institutes, by simply asking : ' What is psychotherapy on psycho-analytic principles ? Freud once said : " Any treatment can be considered psycho-analysis that works by undoing resistances and interpreting transferences ".' And Fenichel continued : ' That is, any method that makes the ego face its pathogenic conflicts in their full emotional value by undoing the opposing defensive forces, effective as " resistances ", through the interpretation of derivatives and especially of the derivatives expressed in the transference. This alone is the criterion.'

At the end of the paragraph Fenichel dismisses the term ' orthodox '—which was so often hurled at him as a rebuke, with the simple statement : ' It is meaningless to distinguish an " orthodox " psycho-analysis from an " unorthodox " one.' This simplicity and unshaken self-reliance again reminds me of Freud, when as a college student he first came into contact with anti-Semitism. In his autobiography, Freud records this experience by stating the simple statement : ' I was expected to feel myself inferior ; I refused to do so.' What Freud describes as his own personal character trait : the faculty of preserving an independent judgment even in facing an opposing compact majority—also holds true for Otto Fenichel.

Despite the fact that Fenichel always submitted his whole life—personal and scientific alike—to his intellectual scrutiny, he was by no means a cold, passionless scholar. We shall never forget his temperament, the passion with which he used to propound what he had to say and to teach. I know of no other teacher who combined so well the dry way of systematized teaching with lively emotional expression. Unforgettable is his attitude in his seminars and in our scientific discussions, when he would start in a cold, systematic way to propound one by one the various points which an author had presented and then, enumerating these items—1, 2, 3, 4—with an increasing passion, would report his own opinion and observations. It is true that he was sometimes a little over emphatic —but now we shall miss his over emphasis, because there is no one among us so capable of understanding the weak points and gaps in a scientific presentation, and at the same time so capable of encouraging scientific endeavours by productive criticism.

To-day, we particularly need productive criticism from our *co*-workers and productive *self*-criticism as well, because the barriers between psycho-analysis and the general public have broken down. The general public, suffering from neurotic misery as a by-product of the war, knows about psycho-analysis and demands help from psycho-analysts. It took a second world war—despite the endeavour of the psycho-analytic societies all over the world —for doctors to become conscious of the fact that they need psycho-analytic training in order to meet the mental needs of their patients. Now, again, is the time for psycho-analysts to discern between psycho-analysis proper and the need for applying psycho-analytic principles to the various kinds of treatments. Here again Fenichel stands in the forefront, as I mentioned before, of those whose difficult task it is to meet our social obligations, but at the same time to protect the scientific progress of psycho-analysis. In doing so, Fenichel remained loyal to himself—that was the way he started his psycho-analytic career and the way he ended it.

When, following the *first* world war, men were in need of finding a way out of their mental confusion, psycho-analysis was not well enough known as a treatment for the sick. At that time only the philosophers grasped at psycho-analysis and wanted to use some of its doctrines for metaphysical principles. Fenichel, still a student of psycho-analysis, published a paper against the misuse of psycho-analytic metapsychology for metaphysics. Since World War I, psycho-analysis has grown, as a science and as a therapy, and is no longer represented by a few prominent psycho-analysts. It is now cultivated and administered by organizations. It is only human that within these organizations differences arise as to theories and practice of psycho-analysis. It was here that Fenichel showed a weakness which was the direct outcome of his strength. Fenichel was not an organization man. It was sometimes difficult to work with him on matters of society administration. He disliked anything that even smelled of diplomacy. He was motivated in his attitudes

during the various phases of the psycho-analytic movement only by his scientific conviction and could become impatient with colleagues who found it necessary to safeguard psycho-analysis by temporarily focusing their concern on the movement which carries psycho-analysis rather than on psycho-analysis proper.

Fenichel, as I said, was sometimes difficult to deal with in matters of the psycho-analytic organization, but I must admit I personally shall miss very much his ' being difficult '. Such a ' difficult ' man, who cannot concern himself with diplomacy, is needed by those who must steer the course of psycho-analysis against adverse tides of resistance, because to them he is like a lighthouse which remains unshaken and rigidly sends out its orienting beam, unperturbed by the direction of the winds storming around it.

Fenichel himself was not at all rigid—he was a man with good object relationships—he had a great capacity for love ; he loved people, he loved nature, he loved the arts, particularly poetry and, above all, he loved his science—psycho-analysis. It was characteristic of his searching mind that he not only felt, but had to know, what he loved. For instance, his love of nature expressed itself in his expert knowledge of geography—he loved California, his new homeland—he travelled whenever he could and knew everything there was to know about the mountains, the ocean and the desert. His love of nature made him also an expert in zoology. Fenichel loved jokes—he was a master at telling jokes and enjoyed listening to them. We all remember his hearty, infectious laugh—the whole-hearted laughter that combined the kind-heartedness of a child's mind with the intellect of a scholar. Beyond the propensity for wit, he possessed humour. Humour, as you know, is *weltanschauung*, and reflects a good relationship between a strong ego and its super-ego. Humour is the optimism of the independent character, which enables one to see one's way through even the most difficult situations. As an example of Fenichel's humour, let me tell you a little story.

The Prague Psycho-Analytic Study Group was founded by Frances Deri, as a branch of the Vienna Psycho-Analytic Society. There the Prague psycho-analysts, trained by Mrs. Deri, met with psycho-analysts who had left Vienna. When Mrs. Deri left for Los Angeles, at my invitation, Fenichel took over the chairmanship of the Group. At one of their meetings, Dr. Hanna Heilborn—to-day Mrs. Otto Fenichel—was scheduled to give a paper. It happened that this meeting came on the same day on which Hitler invaded Vienna—the members of the Group were very alarmed, stayed close to their radio and telephone, worrying about what would happen to their friends, to Freud and to psycho-analysis—no one was in the mood for a scientific discussion. Finally Fenichel resumed his chairmanship and said : ' Let me tell you a story. Some years ago my father was very much upset by news that a close relative was in danger. He received the message just before dinner ; he was depressed and refused to eat, in spite of my mother's urging. When my mother persisted that he eat, he finally asked : " What is there for dinner ? " She answered : " Geduenstetes " (roast meat)-this answer brought a smile to my father's face, and he said : " Geduenstetes—you can eat that in any circumstances ".'

People laughed and Fenichel then continued : ' As it is with roast meat, so it is with psycho-analysis—you can occupy yourselves with psycho-analysis in any circumstances.' And Dr. Hanna Heilborn gave her paper. This attitude typifies Fenichel's relationship to psycho-analysis—psycho-analysis *in* all circumstances and *for* all circumstances. To him, psycho-analysis was not just a specialized branch of psychiatry—psycho-analysis to him was the all-comprehending science of human inter-relationships. Therefore his great anxiety was lest, because of the enormous present need for psychotherapeutic help, psycho-analysis should be forgotten as the science of nature —as the basic psychology needed in pedagogy, criminology, anthropology and sociology—this accounts for his never-ending zest to preserve the right to train non-medical scientists in psycho-analysis.

In order that you may understand Fenichel's unfailing devotion to psycho-analysis, let me review briefly his scientific career. When Fenichel graduated from high school, his original intention was to study biology, this with the view in mind of understanding the physiological correlate of the human mind, for Fenichel had already read some of Freud's writings in his teens. His father objected to such a purely scientific profession because he wanted his son to choose a profession by which he would make a living. Thus Fenichel chose medicine, with the definite intention of considering this as a bridge leading to psycho-analysis.

As a student, he was active in the youth movement in Austria. Here already we see Fenichel presenting papers before his Group—he spoke about sexual enlightenment, about principles of sexual ethics, about problems of sexuality in the youth movement. We see him also, as early as 1918, then twenty-one years old, as guest speaker of the Vienna Psycho-Analytic Society, giving a paper ' On a Derivative of the Incest Conflict '. Fenichel proved his basic tendency to gain an all-comprehending understanding of man by studying sociology and philosophy—besides medicine.

In 1922 he moved to Berlin, in order to complete his psycho-analytic training at the Berlin Psycho-Analytic Institute, which was then the only psycho-analytic institute in existence. Concomitantly he furthered his training in psychiatry and neurology, by working with Bonhœffer and Cassierer. At the Berlin Institute Fenichel very

soon proved to be not only a student but an original contributor to theoretical and clinical psycho-analysis. At that time he gave papers, e.g. on ' Psycho-Analysis and Metaphysics ', ' The Libido Development as Reflected in Dreams ', and others. He also gave a paper about the then ' Recent Attitude of Psychiatry to Psycho-analysis '.

From 1924 on, Fenichel started to present and publish many papers which established his reputation in theoretical as well as in clinical psycho-analysis. Fenichel left Berlin in 1933 when the Hitler régime made psycho-analytic work impossible. Up to that time, he had read 108 papers and had published 34 of these.

Let me mention only a few :—

(1) ' The Clinical Aspect of the Need for Punishment.'

(2) ' The Pregenital Antecedents of the Œdipus Complex.'

(3) ' The Psychology of Transvestitism.'

(4) ' On Introjection and the Castration Complex.'

(5) ' On Identification.'

(6) ' On the Defence Mechanism of Isolation.'

(7) ' Organ Libidinal Manifestations Associated with Instinct Defences.'

In 1924 Fenichel joined the teaching staff of the Berlin Psycho-Analytic Institute—he was then twenty-six years old. The official report of his appointment as instructor referred to him as ' *The* Dr. Fenichel, already well-known in wider circles '. This was the beginning of his career as that teacher of psycho-analysis who will remain unforgettable in our memories, and whom it will be almost impossible to replace. To his zest for teaching, he referred as his ' Teaching Libido '. He loved to teach, because he loved psycho-analysis and because he was aware of the enormous responsibility a teacher has for the future of psycho-analysis, for the future of human psychology. Training a new generation of psycho-analysts was his most important life task—he knew that his students had to grasp not only the letter but also the spirit of Freud, and that in order to grasp Freud's spirit, he had to teach them the letter first. Among the lectures and seminars Fenichel gave in Berlin was one which—although the students attending were very enthusiastic—temporarily did not find approval by the Directors of the Institute. It seemed to us that Fenichel devoted *too many* evenings to the discussion of the relation of psycho-analysis to sociology and Marxism, instead of confining it to discussions on psycho-analytic matters. Fenichel did not yield to his ' superiors '—his reaction was : ' What of it ? If you don't like the way we do it—let us be naughty children.' From then on this seminar became famous under the official title, ' The Children's Seminar '. It was in this ' children's seminar ' that Fenichel gave his last paper before he left National Socialistic Germany—the title was : ' Psycho-analysis, Socialism and our Task for the Future '. His own task was clearly defined—his sole aim was to remain the custodian of psycho-analysis, to see to it that psycho-analysis should not perish in the catastrophic events to come.

At the invitation of the Norwegian psycho-analysts, he migrated to Oslo, where he taught psycho-analysis for two years—during this time he also visited other psycho-analytic centres, Vienna, Copenhagen, Budapest, Amsterdam, the Hague, Bern and Zurich, to keep up personal contacts with other psycho-analysts—there teaching on the therapy and theory of the neuroses and presenting original scientific papers. It was during this period that he published his important papers on ' The Phallic Girl ' and ' The Instinct to Amass Wealth ' and also his critical essay on Freud's theory about ' The Death Instinct '.

In 1936 he moved to Prague, taking over the chairmanship of that study group from Frances Deri. Here Fenichel finished the work begun by Frances Deri—the translation of Freud's papers into Czech. His two years' stay in Prague were very productive, both in teaching and in research. During this time he gave his papers on ' Triumph and Trophy ' and on the characterological phenomenon, first described by him : ' The Counter-phobic Attitude '. When in the beginning of 1938 we heard that Prague was threatened by the Nazi invasion, and we knew that Fenichel had to leave, we seized the opportunity to bring him to California, to help us with psycho-analytic teaching and training here.

And so on June 24, 1938, he appeared for the first time before the Psycho-Analytic Study Group, presenting a paper on ' Ego Weakness and Ego Strength ', a topic so important for the dynamics of the neuroses. We hardly need a reminder of Fenichel's work in our midst. His papers and discussions in Los Angeles and San Francisco, his lectures and seminars contributed decisively to giving California its reputation as one of the best, and—I say this with pride—most orthodox centres of psycho-analytic thinking and training.

Since America was the only country untouched by the world holocaust, Fenichel was particularly happy here—not only because here he could live a peaceful existence—but much more because in America psycho-analysis was free from persecution and thus to him America became a part of his *greater* fatherland, psycho-analysis. After five years of migration he was home again. Knowing Fenichel's character, it was not surprising to find him sometimes impatient with new and old compatriots who hampered psycho-analytic progress here by creating an issue on basic principles where there was none—e.g. the pseudo-issue : biology *versus* sociology in the basic psycho-analytic concept. Fenichel as a researcher had brought about in himself the complete synthesis between the

biologist and sociologist; therefore it was difficult for him to understand how it could be that others didn't see things as he did.

In his last book, *The Psycho-analytic Theory of the Neuroses*, his last opportunity to talk to us, once more he states clearly—' Scientific psychology explains mental phenomena as the result of the interplay of primitive physical needs, rooted in the biological structure of man—and the influence of the environment on these needs. . . . As to the influences of the surroundings, these must be studied in detail, in their practical reality. There is no psychology of man in a vacuum . . . only a psychology of man in a certain concrete society and in a certain social setting within this concrete society.'

To-night there is no time to evaluate in detail the scientific significance of all of Fenichel's contributions to psycho-analysis. He gave more than 200 papers in his scientific career and left 72 publications—I have not undertaken to count his innumerable book reviews. To study Fenichel's writings and to incorporate his findings into our psycho-analytic theory and technique would occupy the literature seminars of all psycho-analytic societies for many years to come.

Now we must reconcile ourselves to the reality that Fenichel, the man, is no longer with us. But, as I said in the beginning, we need not lose him if we identify with him. So that a conscious identification may be possible, let us visualize once more what *Fenichel* was and what *we* should be—I know of no better way to do this than by quoting his own words, from his very first paper to be published, on ' Psycho-analysis and Metaphysics ' There he said about the psycho-analytic scientists: ' We are neither infants nor schizophrenics nor animistic occultists—nor are we mystical enthusiasts—we are logicians who, by hard fighting, have created a new criterion, that of consciously testing reality. This criterion imposes suffering upon us because we must renounce pleasure. But with the task before us we gain a new ethics which means even greater pleasure than that which we had to renounce. Our task is to decide what *is* reality and what is *not* reality, only in accordance with our insight, and to adhere to our decision as long as the causes exist which gave us the new knowledge. The intellectual experience of logical thinking does not necessarily imply cold-soberness—it can stir in us something more profound than that all-too-shallow emotion that may move one who gazes at the view from a mountain peak—and does not think. One can carry the intellect everywhere—if the intellect is not allowed to shy away from phenomena which at first sight seem beyond intellectual comprehension—and this implies a more sincere and more passionate struggle with oneself than is his who, uncritically and facilely, trusts merely to his intuition. The virtue of logic is the virtue of the adult who has conquered the pleasure principle. This is the virtue which Nietzsche has called " the youngest of all virtues, named integrity ".'

And so, let us conclude: we keep Otto Fenichel alive in ourselves if we adopt his virtue—which guided his whole being—his feeling, his thinking, his working—a passionate integrity.

ERNST SIMMEL.

JOSEPH K. FRIEDJUNG

Dr. Joseph K. Friedjung, formerly Lecturer on Pædiatrics at the University of Vienna, died at Haifa in Palestine on February 20, 1946, at the age of 75. At 8 o'clock that evening he had ended a session with a psycho-analytic patient; a few minutes later he had an attack of angina pectoris (his first) and died within twenty minutes. Thus ended a life full of activity and incident. Friedjung was by character a fighter in the sphere of culture and philanthropy, but he was a helper too. His life's work was devoted to three great interests: Social Work, Medicine (in particular, pædiatrics) and Psycho-Analysis.

He was born on May 6, 1871, at Nachwieditz in Czechoslovakia, third of a family of eight children. His father, Alois, was a merchant and inn-keeper. Joseph Friedjung spent his early years in the country and attended a Czech primary school. When he was ten he went to a secondary school in Vienna. At the same time he attended the Vienna Conservatoire to develop his musical gifts, which were so considerable that he thought at one time of taking up music professionally. When, however, he had completed his course at the secondary school, in 1888, he decided definitely for a scientific career and became a medical student at Vienna University. After 1896 he devoted himself specially to pædiatrics, which he studied both in Berlin and Vienna.

His social-political activity began in 1900, when he became a member of the Social-Democratic Party. Ten years later, at the suggestion of Dr. Hitschmann, he joined Freud's circle and soon became an active champion of psycho-analysis, especially in its application to pædiatrics. In 1920 he was appointed Lecturer on Pædiatrics at the University of Vienna.

His political career was somewhat eventful as well as successful. He was called up for military service in October, 1917, became involved in revolutionary activities and took an active part in the revolution in Austria after the first World War. In 1919 he was elected to the Austrian Diet and remained a member until 1922. He continued to be actively concerned in Viennese municipal politics and especially in the sphere of education.

After the February rising in 1934 Friedjung was arrested on suspicion of being head of the medical service of the republican defence organization and was kept in prison for ten weeks. His experiences

at that time led him to publish a study on ' The Psychology of Imprisonment '. Apart from this, he published over a period of years a large number of papers on medical and psycho-analytic subjects. His principal work, *Die Rolle der Fehlerziehung in der Pathologie des Kindes* [*The Role of Faulty Education in the Pathology of Children*], was published by Springer in 1931.

In 1938 Friedjung left Vienna and emigrated to Palestine, where he settled at Haifa. There he soon resumed his work in the fields of psycho-analysis and education with courses of lectures and seminars.

In December, 1945, his wife fell ill, and died in January, 1946. He survived her by only a few weeks.

We have lost in Friedjung a man who belonged to ' the world of yesterday ', a man who was the embodiment of the enchanting, cultivated, amiable civilization of Vienna at the turn of the centuries.

M. Woolf.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

It has been possible since the end of the war to resume contact with most of the Branch Societies on the European Continent and to collect reports from them. In the interest of giving a survey of the activities of each Branch Society the previous arrangement of reports according to types of activity has been abandoned on this occasion and each individual report is published in its original context.

I. *REPORTS RECEIVED FROM SOCIETIES AND INSTITUTES*

AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

BOSTON PSYCHO-ANALYTIC SOCIETY

Scientific Meetings

1944

January 21. Dr. T. M. French : ' The Integration of Social Behaviour.'

February 9. Symposium on Brief Psychotherapy. Speakers : Drs. F. Deutsch, I. Hendrick and E. Bibring.

March 10. Dr. C. A. L. Binger : ' Personality in Arterial Hypertension.'

April 12. Dr. E. Hitschmann : ' From William James to Sigmund Freud.'

October 11. Dr. J. M. Murray : ' Psychiatric Experience in the War.'

November 15. ' Cases from Psychiatry Clinic ', by Drs. L. A. Dalrymple and B. Bandler.

December 20. Dr. F. Deutsch : ' Technique of Associative Anamnesis.'

1945

March 14. Dr. F. Deutsch : ' Problems of Motor Behaviour in Psycho-analysis.'

April 18. Dr. E. Lindemann : ' Observations on Acute Grief Reactions.'

May 9. Dr. E. Pavenstedt : ' Behaviour Problems in Children of Parents having Emotional and Neurotic Disturbances.'

May 23. Dr. U. H. Helgesson : ' Problems in Military Psychotherapy.'

November 14. Dr. J. M. Murray : ' Experiences in Military Psychiatry.'

BOSTON PSYCHO-ANALYTIC INSTITUTE

Training Activities, 1944 and 1945

Faculty Members, 1945.

Training Analysts : Dr. E. Bibring, Dr. G. Bibring, Dr. F. Deutsch, Dr. H. Deutsch, Dr. I. Hendrick, Dr. E. Hitschmann, Dr. M. R. Kaufman, Dr. J. Murray, Mrs. B. Rank, Dr. H. Sachs.

Lecturers : Dr. E. Bibring, Dr. G. Bibring, Dr. F. Deutsch, Dr. H. Deutsch, Dr. I. Hendrick, Dr. M. R. Kaufman, Dr. J. Murray, Mrs. B. Rank, Dr. H. Sachs.

Associate Lecturers : Dr. V. Bandler, Dr. L. Dawes, Dr. F. d'Elseaux, Dr. J. Deming, Dr. J. Finesinger, Dr. E. Lindemann, Dr. M. Putnam, Dr. R. Young.

Educational Committee. Until May 1945 : Dr. E. Bibring (Chairman), Dr. G. Bibring, Dr. F. Deutsch, Dr. H. Deutsch, Dr. J. Deming (Secretary), Dr. I. Hendrick, Dr. E. Lindemann (*ex officio*), Mrs. B. Rank. May–December 1945 : Dr. I. Hendrick, Mrs. B. Rank, Dr. E. Bibring, Dr. B. Bandler, Dr. G. Bibring, Dr. H. Deutsch, Dr. L. Jessner, Dr. E. Lindemann (*ex officio*).

Number of Candidates : In preparatory analysis : 11. Conducting case work under supervision, 1944 and 1945 : 2. Number of candidates in training who interrupted their training due to being in the armed services : 7.

Courses of Lectures and Seminars, 1944 and 1945 : Dr. G. Bibring : Group Control Seminar.—Mrs. B. Rank and Dr. M. Putnam : Theoretical and Clinical Problems of Children and Adolescents.—Dr. I. Hendrick : Psychology of the Ego.—Dr. H. Sachs :

Perversion.—Dr. E. Bibring: Freud Seminar.—Dr. G. Bibring: Psychological Problems of Case Work 1.—Dr. B. Bandler: Psychological Problems of Case Work 2.—Dr. H. Sachs: The Cultural Significance of Psycho-analysis.—Dr. H. Deutsch: Problems of Case Work.—Dr. H. Deutsch: Special Problems in Psycho-analysis.—Dr. R. Young: Seminar for Clinical Psychologists.—Dr. L. Dawes: Children's Problems in Social Work.—Drs. F. Deutsch, J. Finesinger and E. Lindemann: Psychosomatic Problems (for Social Workers).

CHICAGO PSYCHO-ANALYTIC SOCIETY

Scientific Meetings

1944

February 4. Dr. M. Rosenbaum: 'Psychogenic Factors in Pruritus Vulvæ.'

March 24. Dr. J. H. Masserman: 'Language, Behaviour and Dynamic Psychiatry.'

April 28. Dr. F. Alexander: 'Indications for Psycho-analysis and Psychotherapy.'

October 27. Dr. T. M. French: 'The Integration of Social Behaviour.'

December 1. Mr. S. D. Alinsky: 'Psychological Observation on Mass Organization.'

1945

January 12. Dr. R. S. Eissler: 'About the Historic Truth in a Case of Delusion.'

February 16. Dr. E. R. Balken: 'Psycho-analysis: The Basis for the Convergence of Linguistics and Psychology in the Study of Personality.'

March 16. Dr. Edoardo Weiss: 'Repression and Projection in the Integrative Functioning of the Ego.'

May 4 *and* 5. Dr. H. Sachs (Boston, by invitation): Two lectures on 'Psycho-analytic Contributions to the Problem of Creative Art.'

October 12. Dr. H. V. McLean: 'Unconscious Factors in Racial Tension.'

November 9. Dr. J. Fleming: 'Observations on Defences Against the Transference Neuroses.'

December 14. Dr. B. Baffelman: 'The Rôle of the Transference in the Treatment of a Patient with Conversion Hysteria.'

CHICAGO INSTITUTE FOR PSYCHO-ANALYSIS

Training Activities, 1944 *and* 1945

List of Faculty Members, 1945: 10.

Training Committee, 1944 *and* 1945: Dr. N. L. Blitzsten, Dr. T. French, Dr. F. Alexander, Dr. H. V. McLean, Dr. M. Gerard, Dr. G. J. Mohr.

Number of Candidates: In preparatory analysis: 19. Conducting case work under supervision: 22. Number of candidates in training who interrupted their training due to being in the armed services: 23.

Courses of Lectures and Seminars: Winter Quarter, 1944: *For Members of the Chicago Psycho-analytic Society and Students of the Institute only.* Dr. M. W. Gerard: Theoretical Papers—Structure of the Personality.—Drs. M. W. Gerard and G. J. Mohr: Clinical Conferences on Children's Cases.—Selected Problems of Psycho-analytic Technique: Dr. F. Alexander: Initial Steps in Psycho-analytic Treatment; Indications for Frequency of Interviews. Dr. T. M. French: Therapy as a Learning Process. Dr. Edoardo Weiss: Indications for Couch or Chair. Dr. T. Benedek: Indications for Psychotherapeutic Activity. Dr. C. L. Bacon: Indications for Termination of Treatment.—Drs. C. L. Bacon and H. V. McLean: Review of Psycho-analytic Literature.—Dr. T. Benedek: Clinical Conferences.—Psycho-analytically Oriented Psycho-therapy: Members of the Staff: Supervised Psychotherapy (Psychotherapeutic treatment of selected patients by the student under the supervision of a training analyst). Members of the Staff: Conferences on Psychotherapy (Seminars for discussion of psychotherapeutic cases).—*Courses for Professional or Lay Groups.* Dr. H. V. McLean: Psychiatric Case Demonstrations (for psychiatric social workers only, given at Cook County Psychopathic Hospital).—Dr. G. J. Mohr and Miss Helen Ross: Personality Development in Childhood and Adolescence. (A course for teachers and others working with children, given by the University College of the University of Chicago; first meeting at the University College, all meetings thereafter at the Institute for Psycho-analysis.)

Spring Quarter 1944: *For Members of the Chicago Psycho-analytic Society and Students of the Institute only.* Dr. M. W. Gerard: Theoretical Papers—Structure of the Personality.—Dr. M. W. Gerard and Dr. G. J. Mohr: Clinical Conferences on Children's Cases.—Members of the Staff: Technical Demonstrations.—Dr. C. L. Bacon and Dr. H. V. McLean: Review of Psycho-analytic Literature.—Dr. T. Benedek: Clinical Conferences.—*Course for Professional or Lay Groups.* Dr. G. J. Mohr and Miss H. Ross: Personality Development in Childhood and Adolescence (course No. 316 in Education, given by the University College of the University of Chicago).

Fall Quarter 1944: *For Members of the Chicago Psycho-analytic Society and Students of the Institute only.* Dr. H. V. McLean: Mechanisms of the Individual Neuroses.—Dr. T. Benedek: Freud's Papers on Technique.—Dr. M. W. Gerard: Clinical Conferences on Children's Cases.—Dr. C. L. Bacon: Review of Psycho-analytic Literature.—Dr. F. Alexander: Clinical Conferences.—*Courses for Professional or Lay Groups.* Drs. F. Alexander, T. French and other Members of the Staff: Psychosomatic Demonstrations and Discussions, using clinical material (in collaboration with the University of Illinois, held at the Illinois Neuropsychiatric Institute; open only to physicians, residents and

internes).—Dr. T. Benedek: The Returning Serviceman—Lectures on the psychology of the returning Serviceman and discussion of problems meeting him in adjustments to his family, community and work (for social workers and educators).

Winter Quarter 1945: *For Members of the Chicago Psycho-analytic Society and Students of the Institute only.* Dr. A. M. Johnson: Interpretation of Dreams.—Dr. T. Benedek: Freud's Papers on Technique (continued).—Dr. M. W. Gerard: Clinical Conferences on Children's Cases.—Dr. C. L. Bacon: Review of Psycho-analytic Literature.—Dr. T. Benedek: Clinical Conferences.—*Courses for Professional or Lay Groups.* Drs. F. Alexander, T. French and other Members of the Staff: Psychosomatic Demonstrations and Discussions, using clinical material (as in Fall Quarter 1944).—Dr. G. J. Mohr and Miss H. Ross: Personality Development in Childhood and Adolescence. (The structure and development of the normal personality, presented from the psycho-analytic point of view. For teachers and others working with children, given by the University College of the University of Chicago.)

Spring Quarter 1945: *For Members of the Chicago Psycho-analytic Society and Students of the Institute only.* Dr. F. Alexander: Dream Theory and Practice in Dream Interpretation.—Dr. M. W. Gerard: Clinical Conferences on Children's Cases.—Dr. H. V. McLean: Review of Psycho-analytic Literature.—Dr. T. Benedek: Clinical Conferences.—*Courses for Professional or Lay Groups.* Dr. L. E. Tower: Psychiatric Case Demonstrations (given at Cook County Psychopathic Hospital; for psychiatric social workers and physicians and nurses on active duty at this hospital).—Drs. F. Alexander, T. French and other Members of the Staff: Psychosomatic Demonstrations and Discussions, using clinical material (as in Fall Quarter 1944).

Fall Quarter 1945: *Lectures and Seminars for Members of the Chicago Psycho-analytic Society and Students of the Institute.* Dr. F. Alexander: Dream Theory and Practice in Dream Interpretation (continued).—Dr. M. Gitelson: Case Histories of Freud.—Dr. Edoardo Weiss: Metapsychological Papers of Freud (for advanced students. Psychologists admitted on consultation with Dr. Weiss).—Dr. G. Mohr: Clinical Conferences on Children's Cases.—Dr. H. V. McLean: Review of Psycho-analytic Literature.—Dr. T. Benedek: Clinical Conferences.—Dr. C. L. Bacon: Homosexuality (Case seminars for advanced and graduate students).—*Courses open to Professional or Lay Groups.* Dr. F. Alexander: Fundamentals of Psychodynamics. Ego functions, principles of Ego development (repetitive and adaptive behaviour); failures of ego functions and defence mechanisms; dynamic principles of psychology; the psychosomatic approach. Open to physicians, psychologists and senior medical students).—Dr. H. Levey: Sublimation (the individual psychology of sublimation in general, with particular attention given to the æsthetic states of the mind. Open to anyone interested).—Dr. L. E. Tower: Psychiatric Case Demonstrations (as in Spring Quarter 1945).

DETROIT PSYCHO-ANALYTIC SOCIETY

Scientific Meetings

1944

February 7. Dr. E. Sterba: 'Brief Psychotherapy with Orthopædic Cases.'

April 3. Dr. F. Redl: 'Clinical Group Work with Children.' Dr. R. Sterba: 'Psycho-analytic Theory of Educational Methods.'

April 17. Dr. E. Sterba. 'An Ill-Bred Child.'

May 1. Dr. E. Sterba: 'An Ill-Bred Child' continuation.

December 2. Dr. K. Menninger (Topeka, Kansas): 'Teaching Techniques for Clarifying Psycho-analytic Insight for Students.'

December 11. Dr. H. Reye: 'The Resolution of a Depressive Reaction.'

1945

January 8, *January* 22, *February* 5. Dr. H. Reye: 'The Resolution of a Depressive Reaction' continuation.

February 19. Dr. M. Wolfe: 'Contra-Indication to Psycho-analytic Therapy.'

March 19. Dr. E. Frœlicher: 'The Progress of an Asocial Adolescent in a Sanitorium.'

April 2. Dr. J. Stanton: 'Early Indications of Transference Manifestations Contradictory to Psycho-analytic Treatment.'

April 16. Dr. F. Redl: 'Speculations on the Use of Obscenity.'

May 14. Dr. R. Sterba: 'Acting Out as Preceding Dream Analysis.' Dr. S. L. Van Riper: 'Psycho-analytic Treatment in a Mental Hospital.'

May 28. Capt. D. Leach, M.C.: 'Some Considerations in the Psychotherapy of Operational Fatigue.'

September 24. Dr. L. H. Bartemeier: 'A Preliminary Report of European Experiences.'

October 22. Dr. R. Sterba: 'Problems of Sublimation.'

Training Activities, 1944 *and* 1945

Faculty Members, 1945: Dr. L. H. Bartemeier, Dr. R. Sterba, Dr. C. Happel.

Training Committee, 1944 *and* 1945: Dr. L. H. Bartemeier, Dr. R. Sterba, Dr. C. Happel.

Number of Candidates: In preparatory analysis, 1944 and 1945: 7. Conducting case work under supervision, 1944 and 1945: 5. Number of candidates in training who interrupted their training due to being in the armed services: 4.

Courses of Seminars, 1944: Dr. L. H. Bartemeier: Clinical Seminar Group Control.—Dr. C. Happel: Seminar on Freud's Writings.—Dr. R.

Sterba : Clinical Seminar. 1945 : Dr. L. H. Bartemeier : Clinical Seminar Group Control.—Dr. L. H. Bartemeier : Technical Seminar.—Dr. R. Sterba : Clinical Seminar.

John M. Dorsey,
Secretary.

NEW YORK PSYCHO-ANALYTIC SOCIETY

Officers elected for the year ending April 30, 1947 : Dr. Philip R. Lehrman (President), Dr. Henry A. Bunker (Vice-President), Dr. Emeline P. Hayward (Secretary), Dr. Harry Weinstock (Treasurer).

Scientific Meetings

1944

January 25. Dr. E. P. Hayward and Dr. Katherine Wolf : ' Psychopathic Personality : A Disturbance in the Development of the Super-Ego.'

February 29. Dr. A. Stern : ' Psycho-analytic Therapy in Borderline Patients.'

March 28. Dr. H. Nunberg : ' Some Aspects of Circumcision (1).'

April 25. Dr. G. Zilboorg : ' Affects : Personal and Social.'

May 23. Dr. E. Bergler : ' Working Through in Psycho-analysis.'

June 20. Dr. R. M. Lœwenstein : ' A Special Form of Self-Punishment.'

September 26. Dr. L. Jekels : ' A Bio-Analytic Contribution to the Problem of Sleep and Wakefulness.'

October 31. Dr. F. Hann-Kende : ' Abbreviated Analysis in Clinical Practice.'

November 28. Dr. C. Davison : ' Psychological and Psychodynamic Aspects of Disturbances in Sleep Mechanism.'

December 19. Dr. Charles Fisher, P.A. Surgeon, USPHS (R) : ' Amnesic States in War Neuroses ; Fugues with Awareness of Loss of Personal Identity : Treatment with Hypnosis.'

1945

January 30. Dr. P. Greenacre : ' The Biological Economy of Birth.' (Influences upon Early Narcissism and Anxiety.)

February 27. Dr. O. Isakower : ' Vision and Insight : Comments on a Chapter of the History of Science.'

March 27. Dr. G. Bychowski : ' The Ego of Homosexuals.'

April 24. Dr. E. Pappenheim and Dr. Ernst Kris : ' The Function of Drawing and the Meaning of the " Creative Spell " in a Schizophrenic Artist.'

May 29. Dr. O. Fenichel (Los Angeles) : ' The Nature and Classification of the So-Called Psychosomatic Phenomena.'

June 19. Dr. R. C. Bak : ' Masochism in Paranoia.'

September 25. Dr. L. Eidelberg : ' A Contribution to the Study of the Masturbatory Phantasy.'

October 30. Dr. T. Agoston : ' The Fear of Post-Orgastic Emptiness.'

November 27. Dr. J. Eisenbud : ' Telepathy and Problems of Psycho-analysis.'

December 18. Dr. J. Silberpfennig-Kestenberg : ' Early Reactions to Tensions.'

THE NEW YORK PSYCHO-ANALYTIC INSTITUTE

Officers elected for the year ending April 30, 1947 : Dr. Adolph Stern (President), Dr. Ruth Loveland (Vice-President), Dr. Otto Isakower (Secretary), Dr. Harry Weinstock (Treasurer).

Training Activities

Faculty Members, 1945 : Dr. S. Atkin, Dr. L. Blumgart, Dr. S. A. Bonnett, Dr. A. A. Brill, Dr. H. A. Bunker, Dr. F. Dunbar, Dr. L. Eidelberg, Dr. P. Federn, Dr. R. L. Gosselin, Dr. P. Greenacre, Dr. S. S. Haigh, Dr. H. Hartmann, Dr. O. Isakower, Dr. E. Jacobson, Dr. L. Jekels, Dr. S. Kahr, Dr. M. Kris, Dr. L. S. Kubie, Dr. P. R. Lehrmann, Dr. B. D. Lewin, Dr. R. M. Lœwenstein, Dr. S. Lorand, Dr. L. Malcove, Dr. H. Nunberg, Dr. E. Oberholzer, Dr. C. P. Oberndorf, Dr. L. D. Powers. Dr. A. Reich, Dr. R. A. Spitz, Dr. A. Stern, Dr. J. H. W. Van Ophuijsen, Dr. B. Warburg, Dr. F. Wittels, Dr. G. Zilboorg.

Training (Educational) Committee, 1944–45 : Dr. S. A. Bonnett (Chairman), Dr. S. Atkin, Dr. L. Blumgart, Dr. H. A. Bunker, Dr. H. Hartmann, Dr. S. Kahr, Dr. R. Lœwenstein, Dr. S. Lorand, Dr. L. Malcove, Dr. H. Nunberg, Dr. R. A. Spitz, Dr. B. Warburg. 1945–46 : Dr. S. A. Bonnett (Chairman), Dr. S. Atkin, Dr. H. A. Bunker, Dr. H. Hartmann, Dr. S. Kahr (Ex officio), Dr. M. Kris, Dr. R. Lœwenstein, Dr. S. Lorand, Dr. H. Nunberg, Dr. R. A. Spitz, Dr. B. Warburg, Dr. L. Malcove.

Number of Candidates : In preparatory analysis, 1944 : 61 ; 1945 : 56. Conducting supervised analysis, 1944 : 50 ; 1945 : 48. Number of candidates who interrupted their training due to being in the armed services : 32.

Courses, 1944–45. First Year : Trimester I : Dr. Spitz : General Introduction to Psycho-analysis. —Dr. Jacobson : Reading Seminar.—Dr. Kahr : The Dream.—Dr. Reik, Dr. Sachs and Dr. Wittels : Introduction to Applied Psycho-analysis.—Trimester II : Dr. Spitz : General Introduction to Psycho-analysis.—Dr. Hann-Kende : Reading Seminar.—Dr. Jekels : The Theory of Instincts. —Dr. Van Ophuijsen : Neuroses and Psychoses.—Trimester III : Dr. Ernst Kris : Introduction to Metapsychology.—Dr. Isakower : Reading Seminar.—Dr. Reich : The Special Pathology of the Neuroses.—Dr. Van Ophuijsen : Neuroses and Psychoses.

Second Year : Trimester I : Dr. Lœwenstein : Introductory Lectures on Technique.—Dr. de Saussure and Dr. Eliasberg : History of Pre-

Freudian Psychotherapy.—Dr. Nunberg : Seminar in Dream Interpretation.—Trimester II : Dr. Eidelberg : The Perversions.—Dr. Malcove : Continuous Case Seminar.—Dr. Roheim : Human Nature, Group Culture and Personality.—Dr. Bunker and Dr. Fliess : History of Psycho-analytic Literature.—Dr. Brunswick : Seminar in Dream Interpretation.—Trimester III : Dr. Bak : Application of Psycho-analysis to Psychiatry.—Dr. Malcove : Continuous Case Seminar.—Dr. Wælder : Ego Psychology.—Dr. Weil : The Rorschach Test. —Dr. Atkin : Clinical Conferences.

THIRD YEAR : Semester I : Dr. Dunbar : Mechanisms and Defences in Symptom Formation. —Dr. Lewin : Reading Seminar in Recent Literature.—Dr. Hawkins : Reading Seminar in Child Analysis.—Dr. Roheim : Human Nature, Group Culture and Personality.—Dr. Hartmann, Dr. Kris, Dr. Kubie : Seminar on the Scientific Approach in Psycho-analysis.—Semester II : Dr. Lorand : Advanced Seminar in Technique.—Mrs. Bornstein : Defences in Symptom Formation and Character Formation in Children.—Dr. Marianne Kris : Reading Seminar in Child Analysis.—Dr. Bergler : The Psychopathology of Impotence and Frigidity.—Dr. Nunberg : Clinical Conferences.

PHILADELPHIA PSYCHO-ANALYTIC SOCIETY

Officers elected for June 1, 1945–*May* 31, 1946 : Dr. G. H. J. Pearson (President), Dr. G. W. Smeltz (Vice-President), Dr. L. M. A. Mæder (Secretary-Treasurer).

Scientific Meetings

1944

February 8. Dr. E. Liss (New York) : ' Progressive Education.'

March 28. Dr. R. S. Bookhammer : ' The Effect of Sexual Trauma on the Psychological Development of a Woman.'

October 19. Dr. H. Freed : ' A Contribution to the Study of Premature Ejaculation.' Society Colloquium on ' Psycho-analytic Technique '.

December 13. Continuation of Society Colloquium on ' Psycho-analytic Technique '.

1945

January 17. Conclusion of Society Colloquium on ' Psycho-analytic Technique '.

February 14. Society Colloquium on ' Interpretation of Transference and Content '.

March 14. Society Colloquium on ' Transference and Countertransference '. Referat by Dr. S. G. Biddle.

April 18. Society Colloquium on ' Repression and Resistance '. Referat by Dr. Paul Sloane.

May 16. Society Colloquium on ' Aggression '. Referat by Dr. R. S. Bookhammer.

October 17. Dr. R. S. Bookhammer : ' The Problem of the Weak Ego.'

November 21. Dr. P. Sloane : ' The Question of Fæcal Incontinence in Older Children.'

PHILADELPHIA PSYCHO-ANALYTIC INSTITUTE

Training Activities, 1944 *and* 1945

List of Faculty Members, 1945 : *Instructors and Lecturers :* Dr. S. G. Biddle, Dr. O. S. English, Dr. G. H. Katz, Dr. L. M. A. Mæder, Dr. G. H. J. Pearson, Dr. G. W. Smeltz. *Lecturers :* Dr. K. E. Appel, Captain M. W. Brody, M.D., A.U.S. (in active military service), Col. L. H. Smith, M.C. (in active military service). *Guest Lecturers :* Ray H. Abrams, Ph.D., Phyllis Blanchard, Ph.D., Dr. R. S. Bookhammer, Dr. Herbert Freed, Dr. Paul Holmer, Reuel L. Howe, S.T.D., Dr. Edward Liss (New York City), Lt.-Comdr. Leon J. Saul (M.C.) U.S.N.R., Dr. Paul Sloane, Robert Wælder, Ph.D., Dr. Edward Weiss.

Training Committee, 1944–1945 : Dr. S. G. Biddle (Chairman), Dr. L. M. A. Mæder (Vice-Chairman), Dr. O. S. English, Dr. G. H. Katz, Col. L. H. Smith, M.C., Dr. G. H. J. Pearson (Ex officio).

Number of Candidates : In preparatory analysis, 1944 : 6, 1945 : 9. Conducting case work under supervision, 1944 : 8 ; 1945 : 5. Number of candidates in training who interrupted their training due to being in the armed services : 1.

Courses given, 1944 : Dr. English : Colloquium I.—Dr. Pearson : Psycho-analytic Literature I : Elementary Readings.—Dr. Biddle : Seminar on Dreams I.—Dr. Smeltz : Clinical Conference I : Elementary (in Pittsburgh).—Drs. English, Katz, Mæder and Pearson : Clinical Conference II.—Dr. Biddle : Continuous Case Seminar II.—Dr. Mæder : Psychological Factors in Social Case Work.—Dr. Wælder : War and Peace and Other Selected Topics of Historic Interpretation.—Drs. Blanchard, Katz and Pearson : Development of the Mind in the Child.—Drs. Blanchard, Bookhammer, Katz, Liss and Pearson : Orientation Course on the Psychology of Normal Behaviour (in Reading, Pennsylvania).—Drs. Blanchard, Bookhammer, Katz and Pearson : Psychopathology of Childhood.—Drs. Blanchard, Bookhammer, Katz, Liss and Pearson : Anxiety Hysteria in Children.—Drs. Blanchard, Pearson, Katz, Biddle, Liss and Holmer : The Child with Educational Disabilities.

1945 : Dr. Katz : Psychopathology I : Psychoneuroses.—Dr. Wælder : Structure of the Mind I : Theory of Instincts.—Dr. Biddle, Dr. Saul : Seminar on Dreams II.—Dr. Mæder : The Structure of the Mind II : Ego Psychology.—Dr. Biddle : Colloquium II : Selected Topics in Psycho-analysis. —Dr. Katz : Continuous Case Seminar II : Advanced.—Dr. Pearson : Psychopathology III : Delinquency.—Orientation Course on Normal Behaviour. In Philadelphia : Drs. Blanchard, Bookhammer, Katz, Sloane and Pearson ; in Reading, Pa. : Drs. Bookhammer, Katz, Liss, Wælder and

Pearson.—Dr. Wælder: Supervised Psycho-analytic Readings.—Drs. Blanchard, Bookhammer, Katz and Pearson: Psychopathology of Childhood. A. (in Philadelphia).—Drs. Katz, Pearson and Sloane: Psychopathology of Childhood. B. (in Devon, Pa.). —Dr. Smeltz: Seminar on Psycho-analytic Psychiatry (in Pittsburgh).—Drs. Blanchard, Katz, Abrams, Liss and Pearson: The Delinquent Child.

Le Roy M. A. Mæder,
Secretary.

ASSOCIATION FOR PSYCHO-ANALYTIC AND PSYCHOSOMATIC MEDICINE

Officers: Dr. George E. Daniels (President), Dr. John A. P. Millet (Vice-President), Dr. Nathan W. Ackerman (Secretary), Dr. Viola W. Barnard (Treasurer). (Please address all communications to the Secretary Dr. N. W. Ackerman, 43 East 78th Street, New York 21, N.Y.)

Scientific Meetings

(All meetings took place at the New York Academy of Medicine unless otherwise indicated.)

1944

January 4. Film 'Psychiatry in Action' (British Information Services).

February 1. Dr. P. Greenacre: 'Clinical Investigation of the Relation of Weeping to Urination: a Preliminary Report.'

March 7. Dr. Paul Hoch: 'Psychogalvanic Investigation of Abnormal Mental States.'

April 4. Dr. S. Rado: 'Review of *The Fundamentals of Human Behaviour*, Part II of *Our Age of Unreason* by Dr. F. Alexander.' 'Review of *Central Automatic Regulations* by Dr. Heyman R. Miller and *Automatic Regulations* by Dr. Ernst Gelhorn.'

May 2. Dr. Ruth Munroe, Dr. B. Mittelmann: 'Assay of Personality: Large Scale and Individual.'

June 6. Dr. David Abrahamsen: 'Psychodynamics in Criminal Behaviour.' (Meeting took place at Coffee House Club, New York City.)

October 3. Dr. A. Kardiner: 'Psycho-analysis and the Study of History.'

November 14. Dr. R. Bak: 'Contribution to the Psycho-analysis of the Paranoid Personality.'

December 5. Dr. N. W. Ackerman: 'Psychoanalytic Biography of an Antisemite.'

1945

January 2. Dr. P. Greenacre: 'The Biological Economy of Birth.'

February 6. Dr. V. Bernard: 'Psychodynamics of Unmarried Motherhood in Adolescence.'

March 6. Dr. L. Stone: 'Psycho-analytic Observations in a Case of Peptic Ulcer.'

April 3. Dr. N. W. Ackerman: 'Group Psychotherapy with Veterans, with Emphasis on Psychodynamic Processes.'

May 1. Dr. F. S. Weil: 'Some Aspects of Latent Schizophrenia.'

June 5. Dr. Max Horkheimer (by invitation): 'Contribution to the Theory of Antisemitism.'

October 2. Dr. Henry B. Richardson: 'Obesity in Neurosis: A Case Report.'

November 6. Dr. P. Greenacres: 'Conscience in the Psychopath.'

December 4. Dr. B. Lewin (by invitation): 'Counter-transference in the Technique of Medical Practice.'

SAN FRANCISCO PSYCHO-ANALYTIC SOCIETY

Scientific Meetings

1944

January 4. Dr. J. Kasanin: 'Information, Please.' A general discussion of points of technique.

February 7. Dr. A. Mænchen: 'The Psychology of the Psycho-analyst.'

March 6. Mrs. Susanne Bernfeld: 'Remarks on Criminals.'

April 10. Dr. Siegfried Bernfeld: 'The "Mental Apparatus" of Freud and Meynert.'

May 6. Mr. Erik H. Erikson: 'Ego Ideal and Ego Defences.'

June 17–18. *Semi-Annual Meeting.* Symposium —Mass Psychology and Anti-Semitism. Professor Max Horkheimer: 'Anti-Semitism as a Social Phenomenon.' Professor R. Nevitt Sanford and Dr. Else Frenkel-Brunswik: 'The Anti-Semitic Personality.' Dr. Otto Fenichel: 'Psycho-analysis of Anti-Semitism.' Lt. D. W. Orr, M.C., U.S.N.R.: 'Anti-Semitism and the Psychopathology of Everyday Life.' Dr. E. Simmel: 'Anti-Semitism, Mass Psychosis and Psychological Warfare.' Dr. T. W. Adorno: 'Patterns of Anti-Democratic Propaganda.' Dr. S. Bernfeld: 'Psycho-analytic Approach to the Treatment of Anti-Semitism.'—Lt. Comdr. J. C. Moloney, M.C., U.S.N.R.: 'Effort Syndrome and the Low Back Pain.' Lt. D. W. Orr, M.C., U.S.N.R.: 'Remarks on War Neuroses.' Dr. E. Simmel: 'Incendiarism.' Mr. E. Homburger Erikson: 'Social Background and Ego Defences.'

September 11. Dr. J. Kasanin: 'A Review of Some of the Papers Presented at the Meeting of the American Association.'

October 2. Dr. J. Kasanin and Dr. E. Windholz: 'Rehabilitation of Discharged Psychiatric Casualties.'

October 28–29. *Semi-Annual Meeting.* Symposium—Short Psychotherapy. Comdr. U. H. Helgesson, M.C., U.S.N.R.: 'Experiences with Short Psychotherapy in Military Psychiatry.' Dr. B. Berliner: 'The Practice of Short Psychoanalytic Psychotherapy.' Dr. O. Fenichel and Dr. E. Simmel: 'Theoretical Considerations of the

Indications, Limitations and Technique of Short Psychotherapy.'—Dr. E. Windholz : ' The Possibilities and Limitations of Group Psychotherapy.' Dr. J. S. Kasanin : ' Vestigial Roots of Schizophrenia.'

1945

June 23–24. *Semi-Annual Meeting.* Mr. E. H. Erikson : ' Report on the Conference " Germany After the War " of the American Psychiatric Association, etc.—Symposium on Male Homosexuality.' Dr. M. E. Romm : ' Identification in Male Homosexuality.' Dr. F. J. Hacker : ' Homosexuality and Paranoia.'

October 15. Dr. E. Windholz : ' Theoretical Factors in War Neuroses.'

November 5. Dr. Joseph Biernoff : ' Case Presentation.'

November 19. Dr. Paul Holmer : ' Case Presentation.'

December 8–9. *Semi-Annual Meeting.*

Training Activities in LOS ANGELES

1944 and 1945

Faculty Members, 1945 : Dr. E. Simmel, Dr. O. Fenichel.

Training Committee, 1944 *and* 1945 : Dr. E. Simmel, Dr. O. Fenichel, Dr. E. Windholz, Dr. W. G. Barrett, Dr. B. Berliner.

Number of Candidates : In preparatory analysis : 4. Conducting case work under supervision, 1944 and 1945 : 2. Number of candidates in training who interrupted their training due to being in the armed services : 3.

Courses given : Dr. O. Fenichel : Literature Seminar.—Dr. O. Fenichel : Case History Seminar. —Dr. O. Fenichel : Colloquium on Basic Psychoanalytic Thinking.—Dr. E. Simmel : Clinical Conferences.—Dr. O. Fenichel and Dr. E. Simmel : Introduction to Psycho-analysis (for physicians).—Dr. E. Simmel : Fundamental Principles of Psychoanalytic Theory (for psychiatrists and physicians). —Dr. O. Fenichel, Dr. A. Slutsky and David Brunswick, Ph.D. : Seminar for Social Workers.—Mrs. Hannah Fenichel, Ph.D. and Mrs. Margrit Munk : Educational Seminar.

Ernst Simmel,
Los Angeles.

TOPEKA PSYCHO-ANALYTIC SOCIETY

Officers elected for the year 1946–47 : Dr. G. Leonard Harrington (President), Dr. Sylvia Allen (Vice-President), Dr. Hugh M. Galbraith (Secretary-Treasurer).

Scientific Meetings

1944

February 5. Dr. Frederick J. Hacker : ' The Concept of Normality and Its Practical Applications.'

March 4. Kurt Lewin, Ph.D. (Iowa City, Iowa) : ' Research in Group Dynamics and in Leadership Training.'

March 25. David Rapaport, Ph.D. : ' Psychological Testing and Ego Psychology.'

April 22. Robert Wælder, Ph.D. (Philadelphia, Pennsylvania) : ' Judaism and Anti-Semitism.'

July 1. Dr. K. A. Menninger : ' Horses as Totem Figures.'

September 23. Dr. E. Lewy : ' Introduction to a Discussion of the Rehabilitation of Psychiatric Casualties.'

October 17. Miss Helen Ross (Chicago, Illinois) : ' A Study of Two Sisters in a Negro Family.'

December 9. Ernst Kris, Ph.D. : ' The Crisis in Psycho-analytic Theory.'

1945

February 24. Dr. T. Benedek (Chicago, Illinois) : ' Premenstrual Depression, Tension and Dysmenorrhœa.'

March 24. Dr. K. A. Menninger : ' Manifestations of Anxiety.'

April 14. Dr. F. Alexander (Chicago, Illinois) : ' Remarks on the Dynamics of Transference.'

May 18. Dr. O. Fenichel (Los Angeles, California) : ' Motives of Defence.'

June 30. David Rapaport, Ph.D. : ' Time, Space and Causality in the Light of the Psychology of the Unconscious and of Ego Psychology.'

September 19. Dr. A. M. Meerloo, Lt. Col., Royal Netherlands Army (Leiden, Holland) : ' The Problems of Treason.'

October 27. Mr. E. Homburger Erikson (San Francisco, California) : ' Ego Functions as Reflected in Play Configurations.'

November 24. Dr. Merton M. Gill and Dr. K. A. Menninger : ' Case Report Illustrating Some Hypno-analytic Techniques.'

December 22. Paul Bergman, Ph.D. : ' Concerning Neurotic Anxieties in Children ' and ' Scolding as a Psychotherapeutic Technique '.

TOPEKA INSTITUTE FOR PSYCHO-ANALYSIS

Training Activities, 1944 *and* 1945

Faculty Members, 1945 : Dr. K. A. Menninger, Dr. R. P. Knight, Dr. W. C. Menninger (absent on military leave), D. Rapaport, Ph.D., Paul Bergman, Ph.D.

Training Committee, 1944 *and* 1945 : Dr. K. A. Menninger, Dr. R. P. Knight, Dr. E. Lewy (until September 1944).

Number of Candidates : In preparatory analysis, 1944 : 4, 1945 : 6. Conducting case work under supervision, 1944 : 4, 1945 : 6. Number of candidates in training who interrupted their training due to being in the armed services, 1944 and 1945 : 2.

Courses of Lectures and Seminars, 1944 *and* 1945 : Dr. K. A. Menninger and Dr. R. P. Knight, Seminar : The Application of Psycho-analysis to the

Study of Psychiatric Problems (staff conferences).—Dr. K. A. Menninger, Seminar: Clinical Conferences: Case Seminar (group control, candidate presenting).—Dr. K. A. Menninger, Seminar: Psycho-analytic Technique.—Dr. R. P. Knight: Clinical Conferences: Didactic Case Seminar (analyst presenting).—Dr. R. P. Knight: Clinical Conferences: Case Seminar (group control, candidate presenting).—Dr. E. Lewy, Seminar: Freud's Writings.—Dr. E. R. Geleerd; Lectures: Child Psycho-analysis.—Dr. P. Bergman, Seminar: Psycho-analytic Literature.—Dr. D. Rapaport, Lectures: The Scientific Methodology of Psycho-analysis.—Dr. D. Rapaport, Lectures: Selected Problems Relating to Ego Psychology.

WASHINGTON-BALTIMORE PSYCHO-ANALYTIC SOCIETY

Scientific Meetings

1944

February 12. Dr. R. T. Morse: 'Treatment of a Case of Masochism.'

April 8. Dr. Geoffrey Gorer (by invitation): 'Anthropology and Psycho-analysis.'

November 11. Dr. M. Cohen: 'A Case of Paranoid Schizophrenia.' Dr. J. Hilgard: 'The Analysis of a Mixed Neurosis.'

1945

January 13. Dr. O. C. Smith: 'Handling of a Stormy Analysis on One or Two Hours a Week.' Dr. H. Bruch: 'Obsessive Neurosis with Phobia.'

March 10. Dr. Nathan W. Ackerman (by invitation): 'Group Psychotherapy.' Lt. Comdr. Howard Rome (by invitation): 'Group Psychotherapy in the Navy.'

April 14. Col. John Brosin (by invitation): 'Some Problems of the Returning Servicemen.'

May 12. Dr. M. F. Dunn: 'Psycho-analytic Findings in a Patient with Migraine Headaches.' Dr. E. G. Dyar: 'A Short Psychotherapy of a Threatened Psychosis.'

October 13. Dr. David McK. Rioch (by invitation): 'On the History of Psychiatry in Relation to Science.'

November 10. Dr. Ruth Benedict (by invitation): 'Cultural Backgrounds of Suicide.'

December 8. Dr. Mabel G. Wilkin: 'A Case of Homosexuality.' Dr. Alfred H. Stanton: 'The Induction of Treatment of a Pre-Paranoid Personality.'

WASHINGTON-BALTIMORE PSYCHO-ANALYTIC INSTITUTE

Training Activities, 1944 *and* 1945

Faculty Members, 1945: Dr. D. M. Bullard, Dr. L. Dooley, Dr. F. Fromm-Reichmann, Dr. L. B, Hill, Dr. E. Hadley, Dr. H. S. Sullivan, Dr. C. Thompson, Dr. J. Wælder, Dr. E. Weigert.

Training Committee, 1944: Drs. Bullard, Dooley, Fromm-Reichmann, Hadley, Hill, Wælder, Weigert. 1945: Drs. Bullard, Dooley, Fromm-Reichmann, Hadley, Hill, Wælder, Weigert.

Number of Candidates: In preparatory analysis, 1944: 12; 1945: 10. Conducting case work under supervision, 1944: 8; 1945: 12. Number of candidates in training who interrupted their training due to being in the armed services, 1944 and 1945: 15.

Courses of Lectures and Seminars, 1944: Dr. E. Weigert: Dream Interpretation.—Dr. E. Weigert: Medical Seminar.—Dr. H. S. Sullivan: Clinical Seminar.—Dr. C. Thompson: Literature Course.—Dr. L. B. Hill: General Theory.—Dr. F. Fromm-Reichmann: Principles of Psychotherapy.—1945: Dr. E. Weigert: Dream Interpretation.—Dr. E. Weigert: Clinical Seminar.—Dr. H. S. Sullivan: Clinical Seminar.—Dr. C. Thompson: Literature Course.—Dr. L. B. Hill: Special Theory.—Dr. L. B. Hill: Clinical Seminar.

DECEASED MEMBERS

Max D. Meyer, M.D., New York Psycho-analytic Society.

Isador H. Coriat, M.D., Boston Psycho-analytic Society.

Joseph Smith, M.D., New York Psycho-analytic Society.

Smith Eli Jelliffe, Honorary Life Member of the American Psycho-analytic Association.

Ruth Mack Brunswick, M.D., New York Psycho-analytic Society.

Otto Fenichel, M.D., San Francisco Psycho-analytic Society.

There is no Bulletin of the American Psycho-analytic Association any more. This was discontinued, after three issues, in 1940.

Robert P. Knight,
Secretary,
American Psycho-analytic Association

ARGENTINE PSYCHO-ANALYTICAL SOCIETY

1945

Scientific Meetings

May 27. Dr. L. Rascovsky: 'Contribution to the Study of Flagellation Phantasies.'

June 16. Dr. M. Langer: 'Psychological Problems of Lactation.'

September 26. Dr. A. Garma: 'Psycho-analysis of Melancholy.'

November 21. Dr. E. Pichon Riviere: 'Mechanisms of Suicide.'

November 26. Mrs. A. A. de Pichon Riviere: 'Analysis of Two Cases of Enuresis.'

December 5. Dr. A. Tallaferro: 'Reflections on a Multiple Mechanism Neurosis.'

December 12. Dr. L. G. de Alvarez de Toledo: 'A Case of Examination Neurosis.'

Lectures

Invited by the principal psychiatric public and private associations of Brazil, Dr. Arnaldo Rascovsky, the President of the Argentine Psycho-analytical Society, gave a series of lectures in the cities of San Pablo and Rio de Janeiro as the official guest of the National Service of Mental Disease of Brazil. In San Pablo he was able to contact the psycho-analytical group organised around Dr. Adelheid Koch, formerly from the Psycho-analytical Institute of Berlin. Dr. Rascovsky's trip had as its essential object to promote the training of analysts to help the development of the psycho-analytic movement in Brazil. He lectured on the following subjects :

In San Pablo : June 25. ' The Epileptic Attack as a Real Neurotic Reaction.' Given in the Central Hospital of Juquerí.

June 26 (11 a.m.). ' Psychogenic Factors in the Adiposo-Genital Syndrome.' Given in the Holy House.

June 26 (8.30 p.m.). ' The Psycho-analytic Training. Reflections on the Development of the Psycho-analytic Movement in Latin America.' Given to the Neuropsychiatric Section of the San Pablo Association of Medicine.

June 27. ' The Feminine Sexual Cycle. Its Psychological and Endocrine Integration.' Given in the Holy House.

June 28. ' Psychosomatic Consideration of the Sexual Development of the Child.' Given in the Society of Medicine and Surgery of San Pablo.

In Rio de Janeiro : July 2. ' The Intrafamiliar and Extrafamiliar Environment in the Psycho-sexual Development of the Child.' Given in the University of Philosophy.

July 3. ' Psychogenic Factors in the Adiposo-Genital Syndrome.' Given in the Psychiatric Institute of the University of Brazil.

July 5 (8.30 a.m.). ' The Epileptic Attack as a Real Neurotic Reaction.' Given in the Children's Neuro-Psychiatric Hospital.

July 5 (9 p.m.). ' Psychosomatic Consideration of the Sexual Development of the Child.' Given in the Ministry of Education and Health.

July 6. ' The Feminine Sexual Cycle.' Given in the Gynæcological Clinic of the University of Brazil.

July 7. ' The Psycho-analytic Formation. Reflections on the Development of the Psycho-analytic Movement in Latin America.' Given in the Ministry of Education and Health.

Lectures given in several scientific centres of the city of Buenos Aires

Dr. C. E. Cárcamo : ' The Situation of Psycho-analysis To-day.' Given in the Homœopathic Society of Buenos Aires.

Dr. E. Pichon Riviere : ' The Fundaments of Psychosomatic Medicine.' In the Medical Centre of Avellaneda, Buenos Aires.

Dr. A. Rascovsky : ' Psychogenesis in Otorhinolaryngology.' Given in the Otorhinolaryngological Centre of Buenos Aires.

In Montevideo : Dr. E. Pichon Riviere : ' Psycho-analysis of Schizophrenia.' Given in the Montevideo Psychiatric Society.

Publications

Revista de Psicoanalisis. Volume II, Nos. 3 and 4. Volume III, Nos. 1 and 2.

The Sexual Cycle in Women by T. Benedek and B. B. Rubinstein. Translation into Spanish by A. Rascovsky and Matilde W. Rascovsky.

Sadism and Masochism in Behaviour by A. Garma. Second Edition.

How to Become a Psychologist Monograph with the following papers by T. Reik : ' How to Become a Psychologist ', ' Psychology and Depersonalization ', ' The Psychological Significance of Silence '.

Training Activities

Number of Candidates : 11, including 3 from Brazil (2 psychiatrists, 1 pedagogue). All these candidates receive their psycho-analytical training in Buenos Aires.

The Argentine Psycho-analytical Society by means of the ' Francisco Muñoz Foundation ' (a philanthropic organization for the development of psycho-analysis) helps some of these candidates financially, especially the foreign ones since these have the greatest economic difficulties through being obliged to reside in Buenos Aires.

Seminars. First Course. Dr. G. F. Hardoy : ' Three Contributions to the Theory of Sex ' (18 hours, attendance : 12).—Dr. M. Langer : Clinical Cases (13 hours, attendance : 17).—Dr. L. Rascovsky : Introduction to Psycho-analysis (22 hours, attendance : 18).—*Second Course.* Dr. C. E. Cárcamo : Psycho-analytic Technique : Defence Mechanisms (21 hours, attendance : 9).—Dr. A. Garma : ' Metapsychology ' (17 hours, attendance : 12).—Dr. L. Rascovsky : Technical Seminar (42 hours, attendance : 8).—*Free Courses.* Dr. E. P. Riviere : Psycho-analytical Psychiatry (32 hours, attendance : 50).—Dr. A. Rascovsky : Psychosomatic Phenomena (26 hours, attendance : 30).

Dr. Arnaldo Rascovsky,
President.

BRITISH PSYCHO-ANALYTICAL SOCIETY

1944–45

Council. Dr. S. Payne (President), Dr. J. Bowlby (Training Secretary), Dr. A. Stephen (Scientific Secretary), Dr. R. Usher (Business Secretary), Dr. W. H. Gillespie (Director of the Clinic), Mr. J. Strachey (Editor of the International Journal), Mrs. S. Isaacs, Dr. Rickman, Dr. Winnicott.

Training Committee. Dr. S. Payne, Dr. J. Bowlby, Dr. M. Balint, Mrs. S. Isaacs, Mrs. M. Klein, Dr. W. C. M. Scott, Mr. J. Strachey.

Librarian. Mr. R. Money-Kyrle.

Training Activities

At the beginning of the year 20 candidates were in training. Of these 4 were passed for practice in the Autumn and 1 in the Spring, 1 has resigned and 1 has had to suspend her training temporarily; 16 candidates were taking cases under supervision.

Scientific Meetings

1944–45

October 18. Dr. A. Stephen: 'Ruminations of a Scientific Secretary.'

November 1. Short communications. Dr. K. Stephen: 'Notes on the Analysis of a Few Cases of Schizoid Personality.' Major M. Burke: 'Short Communication on the Handling of Cases of Nervous Breakdown in Military Hospitals.'

November 15. Mr. R. Money-Kyrle: 'Some Aspects of Political Ethics from the Psycho-analytical Point of View.'

December 6. Short communications. Dr. W. Inman: 'Psychological Factors in Eye Disease.' Dr. D. W. Winnicott: 'The Psycho-analytic Patient's Wish for Physical Treatment.' Dr. J. Rickman: 'On the Interview.'

January 3. Mrs. H. Lewinsky: 'Some Aspects of Masochism.'

January 24. Mrs. M. Milner: 'The Relation of Early Phantasy to Academic Psychology.'

February 7. Dr. J. D. Sutherland: 'The Dependence of Selection on Psycho-analysis.'

February 21. Dr. Rickman: 'A 60 Minute Short Communication on Field Theory and Psycho-analysis.'

March 7. Mrs. M. Klein: 'The Œdipus Complex in the Light of Early Anxieties. Part I.'

March 21. Mrs. M. Klein: 'The Œdipus Complex in the Light of Early Anxieties. Part II.'

April 25. Dr. A. Stephen: 'A Note on Ambivalence.'

May 2. Dr. K. Stephen: 'Relations Between the Super-Ego and the Ego.'

May 16. Discussion of Dr. M. Brierley's paper, published in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS 'Notes on Metapsychology as Process Theory.'

June 6. Dr. A. Bonnard: 'Early Reactions and Activities.'

June 20. Dr. M. Balint: 'Mental Mechanisms and Reality Testing.'

LONDON CLINIC OF PSYCHO-ANALYSIS

(Adult and Child Departments)

1944–45

The total number of attendances at the Clinic consultations during the year was 125 (74 M., 51 F.). They were dealt with as follows:—

At the time of examination:

Advised	78 (47 M., 31 F.)
Recommended treatment	47 (27 M., 20 F.)
Of these:	
Offered private vacancies at nominal fees	17 (13 M., 4 F.)
Put on waiting list	30 (15 M., 15 F.)
Of these last:	
Offered Clinic vacancies	14 (5 M., 9 F.)
Clinic vacancies offered to old patients on the waiting list:	
(*a*) Adults	5 (3 M., 2 F.)
(*b*) Children	2 (– 2 F.)

Diagnosis.

The following is the provisional diagnosis of the 47 who were recommended treatment:

Anxiety Hysteria (including acute anxiety states)	4 (1 M., 3 F.)
Conversion Hysteria	–
Hysteria	2 (1 M., 1 F.)
Obsessional Neurosis	6 (5 M., 1 F.)
Mixed types	3 (2 M., 1 F.)
Depression	2 (1 M., 1 F.)
Character	17 (8 M., 9 F.)
Frigidity	1 (– 1 F.)
Impotence	2 (2 M., –)
Homosexuality	6 (6 M., –)
Perversion	1 (1 M., –)
Eczema	1 (1 M., –)
Manic-Depressive	1 (– 1 F.)
Paranoia	1 (– 1 F.)

Waiting List.

The number of patients on the waiting list at the end of the year is 50.

Under Treatment.

During the year 54 adult patients received treatment (23 M., 31 F.). At the end of the year there are 46 adult patients under treatment (20 M., 26 F.).

Child Department.

During the year 4 children were under treatment, 2 by members and 2 by candidates.

Boy, aged 8, Child-psychosis with introversion.

Boy, aged 8, Stammering. Treatment ended.

Girl, aged 2, Compulsive masturbation. New case.

Girl, aged 6, Bed-wetting, eating difficulties. New case.

1945–46

Council. Dr. S. Payne (President), Dr. J. Bowlby (Training Secretary), Dr. A. Stephen (Scientific Secretary), Dr. R. Usher (Business Secretary), Dr. W. H. Gillespie (Director of the Clinic), Mr. J. Strachey (Editor of the International Journal), Mrs. S. Isaacs, Dr. Rickman, Dr. Winnicott.

Training Committee. Dr. S. Payne, Dr. Bowlby, Mrs. Isaacs, Mrs. Klein, Dr. J. Rickman, Dr. W. C. M. Scott, Dr. A. Stephen.

Librarian. Mr. R. Money-Kyrle.

Training Activities

At the beginning of the year 18 students were in training in London. Of these 4 were passed for practice during the year, and 2 have resigned (one owing to ill health). During the year 10 students either began their training or resumed it after interruption. At the end of the year there were 22 students in training in London and 4 in Manchester.

The following Lectures and Seminars were given during the year.

Autumn Term, 1945

Professor Flugel: 8 Lectures on 'The Relationship of Psycho-analysis to General Psychology'—1st year.

Mr. Money-Kyrle: 8 Lectures on 'Principles of Psycho-analysis'—1st year.

Dr. Karin Stephen: 8 Lectures on 'Clinical Psycho-analysis'—2nd year.

Miss Sharpe: 8 Practical Seminars (Adult cases)—2nd year.

Mrs. Isaacs: 8 Practical Seminars (Child and Adult Cases)—3rd year.

Lent Term, 1946

Mrs. Isaacs: 8 Lectures on Child Development—1st year.

Mrs. Milner: 8 Theoretical Seminars on 'The Interpretation of Dreams'—1st year.

Drs. Gillespie and Scott: 8 Lectures on 'Clinical Psycho-analysis'—2nd year.

Mrs. Klein: 8 Lectures on 'Technique of Child Analysis'—2nd and 3rd year.

Dr. Winnicott: 6 Practical Seminars (Child and Adult Cases)—3rd year.

Summer Term, 1946

Dr. Payne: 7 'Introductory Lectures on Technique'—1st and 2nd year.

Dr. Adrian Stephen: 8 Theoretical Seminars, 'The Theory of the Super-Ego'—1st year.

Mrs. Riviere: 8 Practical Seminars (Adult Cases)—2nd year.

An Extraordinary Meeting to consider proposals with regard to training was held on June 26, 1946, and the following Resolutions were passed:—

(1) That the Society approves the principle that all analytic schools of thought accepted by a substantive, but not necessarily a major part of the Society should be adequately represented in the training curriculum; further, that views held by smaller groups should also be represented to a sufficient extent to give students the opportunity of understanding them.

(2) That the training curriculum of the Society should be so altered as to provide for separate sets of practical seminars throughout the three years of training, and also to provide two separate sets of courses and seminars for the practical and theoretical training in child analysis.

That:—

(*a*) In all three years the theoretical lectures and courses be in common for all candidates.

(*b*) Candidates be free to choose which set of practical seminars they wish to attend.

(*c*) Candidates be free to participate in the alternative set of seminars as guests.

(*d*) In the third year provision be made for a course of seminars in which both sets of candidates can freely demonstrate or discuss the existing differences of opinion and their practical application to techniques.

(3) That a Committee composed of six people, two named by Dr. Payne, two by Mrs. Klein and two by Miss Freud be formed to discuss the details of the training scheme.

Scientific Meetings

1945–46

October 2. Discussion on cases presented by Dr. E. B. M. Herford 'An Obsessional Neurosis' and Dr. P. Heimann.

October 17. Discussion on Dr. J. Bowlby's paper, published in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS '44 Juvenile Thieves'.

November 7. Mrs. H. Ries: 'The Unwanted Child and Its Death Instinct.'

November 28. Dr. D. W. Winnicott: 'Primitive Emotional Development.'

December 5. Dr. M. Little: 'The Wanderer—Some Notes on a Paranoid Patient.'

January 10. Dr. F. Fromm-Reichmann (Washington-Baltimore, by invitation): 'The Psychotherapy of a Catatonic Girl.'

January 16. Short Communications. Dr. M. Balint: 'The Analytic Situation'; Miss M. G. Evans: 'Notes on a Primitive Type of Mechanism'.

February 6. Miss E. Sharpe: 'Psycho-analytical Inferences of Events in Shakespeare's Childhood (*King Lear* and *The Tempest*).'

February 20. Major H. A. Thorner: 'The Treatment of Psychoneurotics in the Army.'

March 6. Dr. S. M. Payne: 'Notes on the Theory of Psycho-analytical Therapy and its Connection with the Theory of Technique.'

March 20. Dr. G. Rothmann of New Zealand (non-member): 'A Case of Pregenital Fixation.' The paper was read in the author's absence by Dr. A. Stephen. Afterwards Dr. W. C. M. Scott opened a discussion of the possible effect on unconscious phantasy of the distortion of vision due to tears in the eyes of a crying infant.

April 3. Dr. S. H. Foulkes: 'Group Therapy in the Army.'

May 1. Dr. E. Rosenberg: 'An Unusual Neurosis following Head Injury.'

May 15. Dr. M. Brierley read parts of her paper on 'Metapsychology and Personology' published in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS. The paper was discussed.

June 5. Dr. W. R. D. Fairbairn: 'Object Relationships and Endopsychic Structure.'

June 19. Professor E. D. Adrian: 'The Mental and the Physical Origins of Behaviour.' This lecture, the first of a series of annual 'Ernest Jones' lectures, was given at the house of the Royal Society of Medicine.

LONDON CLINIC OF PSYCHO-ANALYSIS
(Adult and Child Departments)

1945–46

The total number of attendances at the Clinic consultations during the year was 147 (94 M., 53 F.). They were dealt with as follows:—

At the time of examination:

Advised	71 (42 M., 29 F.)
Recommended treatment	76 (51 M., 25 F.)
Of these:	
Offered private vacancies at nominal fees	20 (15 M., 5 F.)
Put on waiting list	56 (35 M., 21 F.)
Of these last:	
Offered Clinic vacancies	17 (11 M., 6 F.)

Diagnosis.

The following is the provisional diagnosis of the 76 who were recommended treatment:

Anxiety Hysteria	10 (7 M., 3 F.)
Phobia	1 (1 M., –)
Conversion Hysteria	1 (– 1 F.)
Hysteria	9 (4 M., 5 F.)
Obsessional Neurosis	22 (15 M., 7 F.)
Depression	3 (2 M., 1 F.)
Character	14 (9 M., 5 F.)
Impotence	2 (2 M., –)
Homosexuality	6 (6 M., –)
Fetishism	2 (2 M., –)
Paranoid	1 (1 M., –)
Schizophrenia	2 (2 M., –)
Stammer	2 (– 2 F.)
Stammer, Asthma, Enuresis	1 (1 M., –)
	76

Waiting List.

The number of patients on the waiting list at the end of the year is 54.

Under Treatment.

During the year 67 adult patients received treatment (36 M., 31 F.). At the end of the year there are 53 adult patients under treatment (29 M., 24 F.). Of these 19 are with candidates, 34 with Members and Associate Members.

Child Department

During the year 4 children have been undergoing analysis as Clinic patients.

DUTCH PSYCHO-ANALYTICAL SOCIETY

(Report received from the Secretary, Dr. A. H. van der Sterren, Koninginneweg 47, Amsterdam Z.)

Most of the Dutch analysts are resident at The Hague or in Amsterdam. All are members of the Dutch Psycho-analytical Society, but there developed two centres of practical and scientific work. In the period 1930 to 1940 the Amsterdam group gradually became the larger one; at the outbreak of the war this group had a firm organization. The two groups hold local meetings once a week or once a fortnight whilst the Dutch Society holds a meeting once a month.

During the occupation conditions at first remained fairly normal and practical as well as scientific work was carried on. Gradually, however, the situation deteriorated, particularly so when in 1941 Jews were forbidden to be members of societies. Almost all analysts resigned from the Dutch Society and the Amsterdam group dissolved itself, but continued its work, except during the period September, 1944, till summer, 1945. This group was able to organize a training centre and in 1944 had 16 candidates in training. Scientific meetings were held almost weekly and were well attended. Dr. J. Lampl-de Groot and Dr. R. le Coultre were appointed training analysts and also control analysts. Dr. J. Lampl-de Groot held a control seminar and several members gave a course of lectures on theoretical subjects. The Hague group suffered more severely from the war situation. Dr. M. Katan and Dr. Anny Katan-Rosenberg had to go underground, some members went to America and Dr. Blok was ill for a long time. Now this group, too, has re-formed and is working.

Practical work with patients has suffered very little. After 1940 military service ended. When the situation was acutely dangerous male patients could not come to analysis, but a week later most of them turned up again. Jewish patients were not able to continue their analysis.

In general there is a lively interest in psycho-analysis in Holland. Although there are still many opponents the usual attacks on psycho-analysis in public have stopped. Compared with the general disorganization and thorough destruction of everything else here we are not dissatisfied with the condition of our Society as it emerges from the war.

Continuing the last report published in Part 1,

Vol. XXI of this JOURNAL this is the list of papers read at meetings of the

DUTCH PSYCHO-ANALYTICAL SOCIETY

Scientific Meetings

1939

October 21. Dr. J. Lampl-de Groot : ' A Critical Survey of Methods concerning the Early Infantile Phase.'

November 18. Dr. M. Katan : ' The Rôle of the Word in Schizophrenia and Mania.'

December 9. Dr. H. van der Waals : ' Problems of Narcissism.'

1940

January 20. Dr. M. van Steenbergen-van der Noordaa : ' Masturbation in Infants.'

February 24. Dr. H. van der Waals : ' Problems of Narcissism.'

March 16. Dr. M. Katan : ' The Rôle of the Word in Mania.'

April 20. Dr. H. van der Waals : ' Problems of Narcissism.'

July. Discussion on the Papers read by Dr. van der Waals.

Seminar work was continued both at The Hague and in Amsterdam.

REPORT ON THE ACTIVITIES OF THE AMSTERDAM GROUP

Chairman : Dr. H. van der Waals, Secretary : Dr. H. A. van der Sterren, Treasurer since November, 1945 : Dr. J. Tas.

1939–40

Papers read : Miss A. Citrœn : ' Progress Report on a Child Analysis.'

Dr. R. Le Coultre : ' Summary of an Analysis.'

Dr. J. Lampl-de Groot : ' A Super-Ego Reaction in the Analysis of a Twelve-Year-Old Girl.'

Dr. H. Lampl : ' On the Question of Indication for Analysis.'

Dr. K. Landauer : ' Report on an Analysis (with two self-portraits).'

Dr. M. van Steenbergen-van der Noordaa : ' Progress Report on an Analysis.'

Dr. H. A. van der Sterren : ' Summary of an Analysis.' ' Progress Report on an Analysis.' ' On the Question of Indication for Analysis.'

Dr. J. Tas : ' Progress Report on an Analysis.'

Dr. P. Tibout : ' Progress Report on an Analysis.'

Dr. Münsterberger (by invitation) : ' On the Ethnology of the Mentawei Islands.'

Training Courses : Dr. J. Lampl-de Groot : Control Seminar. Dr. K. Landauer : Theoretical Seminar.

1940–41

New Members : Dr. Th. Hart de Ruyter, Dr. P. Nieboer, Dr. M. van Steenbergen-van der Noordaa, Dr. M. van Wylick.

Papers read : Dr. R. Le Coultre : ' The treatment of Neurotic Reactions in Soldiers.'

Dr. J. van der Hoop : ' Report on a Treatment by Psychotherapy.'

Dr. J. Lampl-de Groot : ' Early Infantile Traumata and Ego Development.'

Dr. P. Nieboer : ' Freud's *Analysis Terminable and Interminable.*

Dr. M. van Steenbergen-van der Noordaa : ' Summary of an Analysis.'

Dr. H. A. van der Sterren : ' Progress Report on an Analysis.' ' Bolk and Freud.' ' The Psychology of the Witness and of Confession.'

Dr. J. Tas : ' Progress Report on an Analysis.'

Dr. M. van Wylick : ' Progress Report on a Child Analysis.'

Dr. Münsterberger (by invitation) : ' A Psychotic Reaction in New Guinea.'

Papers read at meetings held jointly with the members of the Hague group :—

Dr. M. van Wylick : ' Summary of a Child Analysis.'

Dr. J. Lampl-de Groot : ' Progress in Theory and its Influence on Technique.'

Discussion on ' Narcissism ' by Dr. van der Waals.

Training Courses : Dr. J. Lampl-de Groot : Control Seminar.

1941–42

During this year the Group dissolved itself, but continued its work. Meetings were held at the residences of members.

Papers read : Dr. R. Le Coultre : ' A Case of Exhibitionism.' ' On Alexander's Vector Theory.' ' On Trudi Schwing's Therapy of Psychoses.'

Dr. J. van der Hoop : ' On an Analysis carried out by Bains.' ' Medical Psychology.'

Dr. H. Lampl : ' Review of *Problemen der Onsterfelijkheid* (a Dutch book entitled ' Problems of Immortality ').

Dr. P. Nieboer : ' Progress Report on an Analysis.'

Dr. P. Tibout : ' Aggression in Our Time.'

Dr. H. A. van der Sterren : ' Progress Report on an Analysis.'

Dr. H. van der Waals : ' Psychotic Reactions.' ' Progress Report on an Analysis.'

Dr. M. van Wylick : ' Reports on Child Analyses.'

Training Courses : Dr. J. Lampl-de Groot : Control Seminar. Dr. M. Katan : Theoretical Seminar.

1942–43

During this year it was decided to organize training activities.

Training Committee : Dr. R. Le Coultre, Dr. Jeanne Lampl-de Groot, Dr. H. van der Waals.

Training Analysts : Dr. R. Le Coultre and Dr. J. Lampl-de Groot.

Training Courses : Dr. J. Lampl-de Groot : Technical Seminar. Dr. H. van der Waals :

Theoretical Lectures on the Interpretation of Dreams.

Papers read: Dr. J. Lampl-de Groot: 'On the Pre-Œdipal Phase.'

Dr. P. Nieboer: 'Progress Report on an Analysis.'

Dr. H. A. van der Sterren: 'Short Communications.'

Dr. P. Tibout: 'Analysis of a Woman Patient with Severe Ego Disturbance.'

Dr. M. van Wylick: 'Report on an Analysis.'

Papers read in co-operation with the Members of the Institute of Medical Psychology:—

Dr. J. van der Hoop: 'Historic Development and Forms of Psycho-Therapy.'

Dr. H. Lampl: 'Discussion on Brun's Conception of Actual Neuroses.'

Dr. J. Lampl-de Groot: 'Ego Development and Instinct Development.'

Dr. F. Grewel: 'The Sociogenesis of the Super-Ego.'

Dr. J. Groen: 'Psychological Causes of Colitis Ulcerosa.'

Dr. M. van Steenbergen-van der Noordaa: 'On the Ætiology of the Various Forms of Neuroses.'

Dr. H. A. van der Sterren: 'Psychological Causes of Epilepsy.'

Dr. P. Tibout: 'Reports on Cases treated by Psycho-Therapy.'

Dr. H. van der Waals: 'Brun's Theory of Drives and Instincts.'

1943–44

Training Courses: Dr. J. Lampl-de Groot: Technical Seminar.

Theoretical Lecture-Courses: Dr. R. Le Coultre: 'Three Contributions to the Theory of Sex.'

Dr. H. A. van der Sterren: 'Freud's Theory of Instincts.'

Dr. R. Le Coultre: 'The Theory of the Psychic Systems.'

Dr. H. van der Waals: 'General Theory of Neuroses.'

Dr. J. van der Hoop: 'Hysteria.'

Papers read: Dr. M. van Beverwijk: 'The Biology of Anxiety.'

Dr. J. Groen (by invitation): 'Psychological Causes of Ulcus Ventriculi.' 'Psychological Causes of Adiposity.'

Dr. J. van der Hoop: 'Schools of Psycho-therapy and their Principles.'

Dr. P. Nieboer: 'Report on an Analysis.'

Dr. M. van Steenbergen-van der Nordaa: 'Report on an Analysis.'

Dr. H. van der Sterren: 'Discussion on the Psychiatric Papers by Rümke.' 'Freud's Theory of Instincts.' 'Conan Doyle and Sherlock Holmes.'

Dr. P. Tibout: 'Asocial Behaviour in Girls.'

Dr. M. van Wylick: 'A Child Analysis.'

1944–45

This year we lived on the principle *Primum vivere, deinde philosophari.* Nevertheless, Dr. J. Lampl-de Groot continued her *Technical Seminar,* thereby enabling the carrying on of the training of candidates.

The following *papers were read* in co-operation with the Institute of Medical Psychology:—

Dr. J. van der Hoop: 'Democratic and Totalitarian Forms of Government.'

Dr. H. van der Waals: 'Rorschach Tests.'

On June 14, 1945, the Amsterdam Group was reformed. *New Member:* Dr. M. Groen-van Beverwijk.

1945–46

Training Activities: Dr. J. Lampl-de Groot continued her *Technical Seminar.*

Courses of Lectures: Dr. H. Lampl: 'Obsessional Neurosis.'

Dr. R. Le Coultre: 'Perversions.'

Dr. H. van der Waals: 'Narcissism.'

Dr. H. van der Sterren: 'Œdipus Complex.'

Dr. J. Lampl-de Groot: 'Ego Psychology.'

Dr. R. Le Coultre: 'Technique.'

Dr. H. Lampl: 'Indications for Analysis.'

Dr. P. Tibout: 'Child Psychiatry and Child Analysis.'

Number of Candidates: In preparatory analysis: 5. Attending lectures and seminars (during or after their training analysis): 13. Total number of candidates in training: 18.

Scientific Meetings

Dr. J. Bos: 'Group Therapy.'

Dr. R. Le Coultre: 'On Forms of Resistance.' 'Lawrence: The Man Who Died.'

Dr. E. Frijling-Schreuder: 'Review of the "Psychology of Women",' by Helene Deutsch.

Dr. M. Groen-van Beverwijk: 'Review of Flinders Dunbar's *Psychosomatic Diagnosis.*'

Dr. Th. Hart de Ruyter: 'Report on an Analysis.'

Dr. J. Lampl-de Groot: 'The Pre-Œdipal Phase of the Boy.'

Dr. P. J. van der Leeuw: 'On Fenichel's *Nature and Classification of the So-Called Psychosomatic Phenomena.*'

Dr. P. J. van der Leeuw: 'The Psycho-Analytic Literature on Psychoses.'

Dr. P. J. van der Leeuw: 'On Katan's *De Grondbeginselen der Waanvorming* (The Principles of Delusion Formation).'

Dr. A. Œrlemans: 'Review of Fromm's *Fear of Freedom.*'

Dr. M. van Steenbergen-van der Noordaa: 'Report on the Analysis of a Case of Writer's Cramp.'

Dr. H. A. van der Sterren: 'Short Communication on Kleptomania.' 'Short Communication on St. Wilgefortis.'

Dr. J. Tas : ' Psychiatric Experiences in a Concentration Camp.'

Dr. P. Tibout : ' On Anna Freud's *Indications for Child Analysis*.'

Dr. H. van der Waals : ' Group Therapy.'

Mrs. E. Wolter-Groen : ' Report on a Child Analysis.'

Dr. J. Groen (by invitation) : ' Psychological Causes of Asthma.'

Reports were further given by Drs. Bos, H. Lampl, J. Lampl-de Groot, H. A. van der Sterren, J. Tas, P. H. C. Tibout and H. van der Waals on their visits to England, America and Switzerland.

DUTCH PSYCHO-ANALYTICAL SOCIETY

When at last Holland was liberated and conditions of living had become somewhat normal again it was possible to re-form the Dutch Psycho-analytical Society on November 3rd, 1945. The following officers were elected :—

Council : Dr. H. van der Waals (President), Dr. M. Katan (Vice-President), Dr. H. A. van der Sterren (Secretary), Mr. Rh. Feith (Treasurer), Dr. P. Tibout.

Training Committee : Dr. H. van der Waals (Chairman), Dr. J. Lampl-de Groot (Secretary), Dr. R. Le Coultre, Dr. M. Katan, Dr. A. Katan-Rosenberg.

After the Training Centre in Amsterdam had been got working it was decided to establish a second Training Centre at The Hague. This plan, however, cannot be carried out at present owing to Drs. M. Katan and Anny Katan-Rosenberg leaving for Cleveland (U.S.A.). Therefore the training activities will remain concentrated in Amsterdam. The Training Committee and Training Staff remain unchanged.

Dr. S. R. J. de Monchy and Dr. Vera de Monchy moved to Sweden, Dr. Carel van der Heide, Dr. Theodor Reik and Dr. Simon Weyl to the United States. Dr. J. van der Hoop resigned membership.

Scientific Meetings

1945

November 3. Dr. M. Katan : ' Comparison between Hysteria, Obsessional Neurosis and Depression.'

December 8. Dr. M. Katan : ' Comparison between Hysteria, Obsessional Neurosis and Depression,' continued.

1946

January 12. Dr. A. H. van der Sterren : ' Œdipus Rex.'

February 9. Dr. A. H. van der Sterren : ' Œdipus in Colonus.'

March 9. Dr. J. Lampl-de Groot : ' On Ego and Super-Ego Development.'

May 11. Dr. A. Katan-Rosenberg : ' On Enuresis.'

June 15. Professor Dr. K. H. Bouman : ' The Mystical Marriage of Bird and Snake.'

The Dutch Psycho-analytical Society has not established a Clinic of its own either for adults or children. Many members take part in the work of the established Child Guidance Clinics. Dr. P. H. C. Tibout has been Director of the Amsterdam Child Guidance Clinic since its foundation, and is doing outstanding work in that field. Almost all Amsterdam Members are co-workers at the Institute of Medical Psychology.

The following of our Members died during the war :—

Professor Dr. G. Jelgersma (Honorary Member).
Dr. A. M. Blok (Secretary).
Dr. van Stipriaan Luiscius.
Mrs. Ada Berna-Citrœn.
Dr. B. D. J. van der Linde.
Dr. Karl Landauer (died in a German concentration camp).
Dr. A. Waterman (died in a German concentration camp).

H. A. van der Sterren,
Secretary.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Activities of the French Psycho-Analytical Society since the last Report dated February 12, 1945

Owing to the lack of suitable premises since we have been deprived of our Institute, our monthly meetings have not yet resumed their pre-war regularity. Yet they have taken place every month at the residence of one or another member, interspersed with several business meetings.

One of the meetings was devoted to a report by Mme. Dolto and a discussion on the so-called *Rêve éveillé*, the method adopted and recommended by M. Desoille. The discussion showed that this method can yield favourable results in mild cases if applied by an expert, especially by an experienced psycho-analyst who during treatment can analyse the resistances encountered—which leads back to the core of psycho-analytical therapy : the dissolving of defence mechanisms. The method, however, cannot but be very dangerous if handled by persons ignorant of these defence mechanisms. Moreover, the investigation of psychic contents by this method does not go beyond what direct questioning will yield if carried out by a psycho-analyst who knows his job.

We have, therefore, rejected this method as superfluous and often dangerous.

Most of the papers read at meetings were on clinical subjects and revived our valuable technical discussions.

A very successful meeting was held on the occasion of a lecture given by Prince Peter of Greece on his journey to Tibet and on the polyandric societies which he studied there. The lecture was illustrated by lantern slides and a

colour film and stimulated a very lively discussion on polyandry.

The fact that the Toldas kill young girls when the female element threatens to become too numerous made one of us think that these men fear the phallic woman and want to be the majority in order to resist her, quite apart from economic reasons which may be invoked. The discussion also brought out the combined factors of homosexuality and incest implied in the possession of one woman by several brothers one of whom at least presents a manifest castration complex.

We were able at last to find a lecture-room for our courses of public lectures on psycho-analysis. We are indebted for it to Professor Bachelard of the *Sorbonne* who takes an active interest in psycho-analysis—as proved in his writings—and gives us hospitality at the *Institut pour l'Histoire des Sciences et des Techniques* an annex to the *Sorbonne* of which he is the Head.

Although these courses do not seem to be of great practical use apart from their cultural value to persons interested in psychology, it is important to give them a public character since, by our every-day contacts in the hospital services, we are about to win for psycho-analysis a steadily increasing number not only of medical people (students, resident and non-resident physicians in hospitals, heads of clinics and even prospective university professors) but also of social workers.

We intend in future to give to these lectures a more didactic character designed to be of use to the social workers who are called upon to play a more and more active rôle in our towns.

Several of us are successfully engaged in establishing medical-pedagogical centres (or psycho-pedagogical centres, if this is preferred) on the lines of those which, in Switzerland especially, have yielded such remarkable results under the direction of Dr. Repond, their creator. We have just obtained a ministerial decree authorizing the establishment of such a centre in Paris. This will enable us to train social workers to observe and deal objectively with conflicts arising between children and their educators, and also to train child analysts.

Finally, several of us are concentrating on conducting training analyses. Unfortunately, most of them have to be undertaken as purely therapeutic analyses without much hope of enabling the analysands to enter the profession. At present we have 5 analysands who will be first-class candidates; we shall be greatly relieved to have them work with us in a couple of years as our tasks are steadily increasing.

Election of Officers will take place in March, when the Society will be rejuvenated and properly housed.

To sum up, our activities have not only reached normal level, but have even increased. An exception is the *Revue* which we still are unable to publish in Paris. However, this problem is about to find its solution which may be a temporary one, but may as well turn out to be permanent.

Dr. John Leuba,
Paris, *January* 25, 1946. *Secretary.*

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Honorary President: Dr. István Hollós.
President: Dr. Imre Hermann.
Secretary: Dr. Endre Petöe.
Treasurer: Dr. Ottó Fleischmann.
Librarian: Dr. Endre Almásy.
Training Committee: Dr. Lilly Hajdu, Dr. Imre Hermann, Dr. Kata Levy.

During the years of reaction our Society was put to a severe test. All societies were strictly supervised by the authorities and the Psycho-analytical Society was regarded as definitely left-wing. The reasons are clear: not only the fact that Freud and the majority of our members are Jews, but also the free spirit of research work and the international relations which are significant of our Society. Moreover, it could easily be ascertained that our public meetings and seminars were much frequented by young people who took part in underground political movements.

Already for years before the outbreak of the war every meeting of the Society, every scientific or seminar lecture had to be announced to the police, who invariably sent a secret agent on supervisory duty. Thus every one of our meetings was held in the presence of a detective who, apparently by order, stayed to the end of a lecture, however late it got, and was busy taking notes; we never learned what he took down in his note-book.

Our problem was to offer to the police the least possible opportunities for friction and yet to continue the activities of the Society. This was essential, not only to avoid being compelled to interrupt scientific research and the training of candidates, but also in order to safeguard the rights of the Society, the continuance of the Policlinic, etc. It was not easy. In 1942 we decided to discontinue public meetings and seminars for pedagogues in order to reduce as far as possible our contacts with the police, and to eliminate meetings where we could not control the kind of people assembling and thus prevent the spreading of what was said. So as to avoid the regulation that previous notice of meetings must be given to the police, we held the training seminars for members and candidates at private residences. At our scientific meetings too we endeavoured to formulate titles and content of papers in such a way as not to give offence to the police. We concentrated on non-clinical lectures: Hollós read three papers on 'The Development of Language', Hermann spoke on ten evenings on 'The Psycho-analysis of Mathematical Problems', Pfeifer read a paper on 'The Psychology of Music', Schönberger on 'Regressions

in Motility', Rajka on 'Anxiety and Biologic Reflexes', etc. Once Kolozsváry, a lecturer of the University, gave a paper on 'Questions of Biology'.

Public manifestations of scientific psycho-analytical activity did not cease altogether: a large volume by Hermann ('On Primary Instincts in Man') could be published at the end of 1943. The book was heavily censored, but it is interesting to note that the exposition of ideas on militarism and anti-semitism was left alone, and that only certain chapters were eliminated because they were regarded as offensive to 'public morality' (Masturbation, Sexual Activity of Woman). Several members (Hajdu, Hermann, Schönberger) took part in a seminar with medical men interested in Social Psychology where discussions were held on Problems of Social Psychology in the War and Post-War Period (Psychology of Militarism, of Anti-Semitism, of Democracy, of Propaganda, etc.).

Anti-Semitic measures became more and more repressive and already in 1941 made a change in our Council advisable. Since that time we have had an 'Aryan' Council with Almásy as President, Révész (who then was officially regarded as an 'Aryan') as Secretary, and Rajka as Treasurer. This change proved a happy one for two reasons: first, a 'blameless' Council could be presented to the authorities, second, President Almásy afforded special protection to the Society: it is due to his diplomatic skill and his personal connections that the authorities left the Society alone and that, even after the occupation of Hungary by the Germans in March 1944, it was not officially dissolved.

The entry of the Germans, of course, put an end to the public activities of the Society. The books by Freud, Ferenczi and Róheim were seized and pulped. The practice of Jewish doctors was severely restricted, Aryans were forbidden to have treatment by Jewish doctors, Jews were forbidden to leave their houses except at specified hours. Naturally these orders were bravely defied; there were Aryan patients who despite the danger sought treatment from Jewish doctors; there were Jewish patients who did not wear the 'Yellow Star' as ordered, and came for consultation at unofficial hours. The Jews were herded into 'designated houses'; in the provinces deportation was already being carried out, and it was expected any day in the capital. Several Jewish patients already at that time began to lead an 'illegal' life under cover of false documents, others were faced with the choice of doing likewise or of trying other ways to save their lives. Advice and help were expected from the analyst. Conditions for analysis were most unfavourable, yet progress was achieved with some patients. Even a short while before the last tragedy, two scientific meetings were held with several members attending, though already in a 'designated' house. Hermann read papers on 'The Influence of Freud's Past Activity as Neurologist on his Analytical Life Work' and on 'The Psycho-Analysis of Paranoia'.

On October 15, 1944, Szálási seized power. A few days later all men spared so far were dragged into labour camps and many deported therefrom. We struggled for life. Some of us struggled in vain, to some fate was kinder. Several, like Hollós, were on the verge of death and just escaped at the last moment. Budapest was surrounded by the Russian Army, but under constant gunfire and unceasing air raids the deportation and killing of Jews went on. Some of us led an illegal life, others lived under Swedish protection which, however, became rather precarious towards the end. Several found refuge in a Red Cross Home where, already in utmost danger to life, Hermann read two papers to the pedagogical staff of the Home.

In the middle of January the Pest district was liberated and totteringly—tottering from hunger also—we set about to look for our homes and our friends, and we tried to take up our old life. There followed grave days of sorrow and of dwindling hope for the missing; there followed a daily hard struggle for bare life. Many of us had lost everything and had to make a new start. In the ruined, empty city the replacing of a small window pane, the re-soleing of an only pair of shoes presented almost insurmountable problems. To a certain extent, conditions are still the same. Yet already in March 1945 several members met and discussed how the activities of the Society, at that time literally buried by rubble and débris, could be carried on. Since then until June 1, 1946, we have held our scientific meetings regularly every fortnight. On June 1, 1946, we held our annual celebration—dropped for the last two years—in memory of Ferenczi, when Hermann reviewed the losses sustained by our Society and a paper was read which had been left by Mrs. Petö who also lost her life in tragic circumstances.

However difficult life is in the looted country, we now live in a free atmosphere with new problems to work on and new possibilities of work. As to the first, Hermann, immediately after the liberation, studied the psychological consequences of starvation; his plan of an analytical examination of arrested war criminals unfortunately could not be carried out. As to the possibilities of work, the rather lively interest taken in psychological problens demands from us continually increasing public activity. As early as May 1945 Mrs. Hajdu, Drs. Hermann, Petö and Rajka read papers before the Neurological Section of the Free Organization of Physicians. Hermann took part in two symposia on 'Psychological Epidemics in the Population', held by the Society for Child Psychology and by the Society for Social Psychology respectively. Dr. Hermann, Mrs. Hermann, Dr. Petö, Mrs. Rotter and Dr. Schönberger were invited to read papers or hold seminars during 1945–46 session of the Free University. Hermann, in Summer 1945, was

invited by the Broadcasting Corporation to give a lecture on Aggression ; he was also asked to broadcast on May 6, 1946, a memorial speech on the occasion of Freud's 90th birthday. Petö gave a radio lecture on ' The Child in the Storms of War '. The General Health Insurance Scheme set up a psycho-analytical organization under Dr. Petö's direction ; the Federation of Democratic Women appointed analysts to most of its Child Guidance Centres. Dr. L. K. Rotter holds an important position in the City Council's Department for the Protection of Children. Hermann has been promoted to the post of Lecturer at Budapest University.

Publication of books is severely restricted owing to the paper shortage ; nevertheless, the following books have been published :—

Freud's *Future of an Illusion*, translated by Schönberger ; a book by Dr. L. K. Rotter on the *Psychic Development of the Child*, and two books by I. Hermann on *Anti-Semitism* and *Psycho-Analysis of the Hungarian Mathematician Bolyai*.

Scientific Meetings

1940

Mrs. K. Lévy : ' The Psychology of Dilettantism.'

Dr. L. Révész : ' Memorial Lecture on Sigmund Freud.'

Dr. L. Hajdu : ' An Unusual Form of Manic-Depressive Insanity.'

Dr. S. Pfeiffer : ' On Dramatization ' (Ferenczi Lecture).

Dr. I. Schönberger : ' The Vampire.'

Mrs. L. Perl : ' Stammering and Anxiety.'

Dr. I. Hermann : ' Fire, Shame, Clinging.'

Dr. Alice Czinner Hermann : ' Memorial Lecture on Vilma Kovács.'

Mrs. L. L. Patzay : ' Pavor Nocturnus.'

Dr. I. Hermann : (1) ' The Latency Period ' ; (2) ' The Destruction of the Woman in Primitive Society '.

Dr. I. Schönberger : ' The Principle of Retardation in Psycho-Analysis.'

1941

Dr. E. Petö : ' On Counter-Transference.'

Mrs. M. Major : ' Obsessional Neurosis.'

Dr. I. Schönberger : ' The Moses of Freud.'

Dr. I. Hermann : ' Psycho-Analytical Aspects of Mathematical Problems.'

Dr. L. Hajdu : ' On Schizophrenia.' (Ferenczi Lecture).

Dr. K. Vértes : ' Erythrophobia.'

Dr. O. Fleischmann : ' Contribution to the Problem of Homosexuality.'

1942

Dr. I. Hermann : ' Bolyai and the Psychology of the Non-Euclidean Geometry.'

Dr. I. Hermann : ' The Tendency to Maintain the Size Relation between Adult and Child.'

Dr. I. Hollós : ' Psycho-Analysis of Speech.'

Dr. I. Hollós : ' The Interpretation of Speech from the Angle of Instinct Theory.'

Dr. I. Hermann : ' The Comparative Biology of Human Instincts.' (Ferenczi Lecture.)

Dr. M. Sugár : ' The Psychology of the Emotional Expression of Affirmation and Denial.'

Dr. M. Sugár : ' Contribution to the Psychology of Speech.'

Dr. T. Rajka : ' The Neurological and Biological Basis of Obsessional Neurosis.'

1943

Dr. L. Rotter-Kertész : ' Urethral Eroticism and Character.'

Dr. S. Pfeiffer : ' Case Histories.'

Dr. E. Petö : ' The Prophet Hosea. The Problem of Sublimation.'

Drs. I. Hermann and I. Schönberger : ' Biology and Psychology of Rhythmical Movements.'

Dr. M. Dubovitz : ' Case Histories.'

Dr. I. Hollós : ' From the Expression of Emotions to the Speech of Man.'

Dr. L. Rotter-Kertész : ' Trauma, Schisis and Self-Cure.'

Dr. E. Petö : ' On Sublimation.'

1944

Dr. T. Rajka : ' The Rôle of the Emotions in the Organization of the Neurological System.'

March 19, 1944 : *German invasion*

1945

Dr. I. Hermann : ' Psycho-Analysis of Private Property.'

Drs. I. Hermann and L. Hajdu : ' Psychological Consequences of Hunger.'

Dr. E. Petö : ' Case Histories.'

Dr. T. Rajka : ' The Rôle of the Emotions in the Organization of the Neurological System. I.'

Dr. T. Rajka : ' The Rôle of the Emotions in the Organization of the Neurological System. II.'

Dr. I. Schönberger : ' On Anti-Semitism.'

Dr. E. Petö : ' The Evolution of Ethical Monotheism. I.'

Dr. E. Petö : ' The Evolution of Ethical Monotheism. II.'

Dr. E. Petö : ' The Evolution of Ethical Monotheism. III.'

Dr. O. Fleischmann : ' The Effect of Heavy Traumata on the Course of the Psycho-Analytic Cure.'

Dr. V. Kapos : ' On Masochism.'

Dr. I. Hermann : ' Scientific Origins of Psycho-Analysis.'

Dr. T. Rajka : ' The Emotions.'

Dr. P. F. Stein : ' Case Histories.'

Dr. L. Hajdu : ' Homosexuality and Schizophrenia.'

Mrs. K. Lévy : ' Anna Freud : *The Evacuated Child.*'

1946

In several meetings : Discussion of I. Hermann's book *The Archaic Instincts of Man.*

Dr. E. Petö : ' On Fetishism.'

Training Activities

1940

Courses of Seminars and Lectures : (1) *Seminars for Members and Candidates ;* Dr. L. Révész : Propædeutics.—Dr. I. Hermann : Theory of Psycho-Analysis.—Dr. S. Pfeiffer : Technique.—Dr. M. Dubovitz : Technique of Child Analysis.—Mrs. K. Lévy : The Psychology of Woman.—(2) *For the Public :* Dr. L. Rotter-Kertész : Child Guidance for Mothers and Pedagogues.—Dr. A. Czinner-Hermann, Dr. Z. Fraeber, Dr. K. Vértes, Dr. E. Petö and Mrs. K. Lévy : Seminars for Pedagogues.

1941

Courses of Seminars and Lectures : (1) *Seminars or Members and Candidates :* Dr. L. Revész : Propædeutics.—Dr. I. Hermann : Theory of Psycho-Analysis.—Dr. S. Pfeiffer : Technique.—Dr. M. Dubovitz : Technique of Child Analysis.—Mrs. K. Lévy : The Psychology of Woman.—(2) *For the Public :* Dr. L. Rotter-Kertész : Child Guidance for Mothers and Pedagogues.—Dr. A. Czinner-Hermann, Dr. Z. Faerber, Dr. K. Vértes, Dr. E. Petö, Mrs. K. Lévy : Seminars for Pedagogues.—Dr. E. Petö : Lectures for Physicians.

1942

Courses of Seminars ; (1) *For Members and Candidates :* Dr. L. Révész : Propædeutics.—Dr. S. Pfeiffer : Technique.—Mrs. K. Lévy : Technique.—Dr. L. Rotter-Kertész : Dream Analysis.—Dr. I. Hollós : Dream Analysis.—Dr. M. Dubovitz : Technique of Child Analysis.—(2) *For the Public :* Dr. L. Rotter-Kertész : Child Guidance for Parents and Pedagogues.—Z. Rubin, Dr. K. Vértes, Dr. E. Petö : Seminars for Pedagogues.—Dr. E. Petö : Seminars for Physicians.

1943–44

Courses of Seminars ; (1) *For Members and Candidates :* Mrs. K. Lévy : Technique.—Dr. S. Pfeiffer : Technique.—Dr. M. Dubovitz : Technique of Child Analysis.—Dr. L. Hajdu : Psychoses—Dr. I. Hermann : Case Seminar.—(2) *For the Public :* Dr. Z. Faerber : Seminars for Pedagogues.

March 19, 1944 : *German invasion*

1946

Courses of Seminars : Seminar for Members and Candidates ; Dr. L. Hajdu : Technique.

Number of Candidates : During the war we had no new candidates. The explanation of this fact is partly the economic situation which became ever more difficult, and on the other hand the continually increasing danger to individuals under the reactionary and later the Nazi régimes. The training of pre-war candidates was carried on. Since the liberation of Hungary a few new candidates have been accepted. The number of candidates 1939–45 was : 11, 5 of whom were physicians (2 of these were killed during the Nazi occupation) and 6 psychologists.

Dr. Endre Petö, *Secretary* (Katona Jozsef-ut 14, Budapest V.)	Dr. Imre Hermann, *President* (Pozsonyi-ut 10, Budapest V.)

Members and Candidates Lost in the War

All Victims of Fascism

Members : Dr. Géza Dukes, Dr. Mihály Eisler, Dr. Elisabeth Kardos, Dr. Siegmund Pfeiffer, Dr. László Révész, Dr. Miklos Sugár.

Candidates : Dr. Miklos Gimes, Dr. János Kerényi.

The candidates, Dr. Miklos Gimes and Dr. János Kerényi were due for election to the Society. Both were thoroughly trained successful analysts. *Dr. Gimes* died in a German concentration camp, *Dr. Kerényi* was killed by the Szálási Fascist bands.

Dr. Siegmund Pfeiffer lost his life in enemy country. For many years he had served as Treasurer and Secretary of the Society. He was one of Ferenczi's original followers and his manifold scientific contributions were published in our periodicals. Many of his ideas—on the theory of play, the psychology of music, on neurotic anxiety—are well known. He strongly supported Ferenczi's ideas on Bio-analysis. For many years he worked on a systematic psychology of music, but his irreplaceable manuscripts, too, have fallen victim to vandalism. His clinical papers are :—

(1) ' Über Liebesenttäuschung während der Analyse ' (' On Disappointment in Love during Analysis '), (1921) *Int. Z. Psychoanal.* **7,** describing an observation of the dynamics of libido in a love relationship—cut short forcibly.

(2) ' Die neurotische Dauerlust. Erscheinungen der " erotischen Allmacht " in neurotischen Dauersymptomen ' (' Neurotic Permanence of Pleasure. Phenomena of " erotic omnipotence " in permanent neurotic symptoms '), (1928) *Int. Z. Psychoanal.* **14.** The state of erotic omnipotence can only be achieved in phantasy. Among the contents of this state of omnipotence is the continuous union with the mother. Real gratifications are replaced by serial formation.

(3) ' Über eine Form der Abwehr ' (' On One Form of Defence '), (1930) *Int. Z. Psychoanal.* **16.** Libido is used as defence against anxiety, i.e. anxiety and libido are fused on the pattern of the fusion of life and death instincts.

(4) ' Die Neuerungen Ferenczis in der psychoanalytischen Technik ' (' Ferenczi's Innovations in

Psycho-Analytic Technique '). This paper was published in the Hungarian language in *Lélekelemtzési tanulmányok*, 1933. This is the only contribution made by an analyst who worked in close association with Ferenczi and who critically examined Ferenczi's ideas on technique. It emphasizes as the most essential point in these ideas the ' believing the patient '.

On Bio-Analysis : (5) ' Umrisse einer Bioanalyse der organischen Pathologie ' (' Outline of a Bio-Analysis of Organic Pathology '), (1926) *Imago* **12.** Facts of organic pathology (Metschnikoff, Cohnheim) are parallelled with the ætiology of neuroses. The concept of regression is particularly stressed as being common to both fields of pathology.

Papers on Applied Psycho-Analysis :—

(6) ' Robert Lach's Studien zur Entwicklungsgeschichte der ornamentalen Melopöie ' (' Robert Lach's Studies on the Historic Development of Ornamental Melopœia '), (1921) *Imago* **7.** The biological roots of music serve as a starting point for a psycho-analytic investigation : the narcissistic accumulation of libido in the mating period is reinforced by a second root in the Ego. Music becomes the expression of Ego states (without reference to objects) in an animistic concept of reality.

(7) ' Äusserungen infantil-erotischer Triebe im Spiele ' (' Expressions of Infantile Erotic Instincts in Play '), (1917–19) *Imago* **5.** The important theories of play are presented and examined psycho-analytically. Common types of play are psycho-analytically interpreted. It is shown that distorted expressions of infantile sexual component instincts can be traced in play showing the mechanisms of distortion known from clinical analysis.

(8) ' Königin Mab ' (' Queen Mab '), (1923) *Int. Z. Psychoanal* **19.** An analysis of the well-known scene in Shakespeare's *A Midsummer Night's Dream.*

Apart from his writings Pfeiffer offered a wealth of ideas on many fields in his lectures and seminars. He was a highly gifted man, a personality far above the average.

Dr. Laszlo Révész was executed together with his wife and grown-up daughter. He was a model of benevolence and painstaking activity, and his patients adored him. The Society could always rely upon him in all administrative questions too. For many years he was Vice-President of the Training Committee as well as Secretary of the Society. He studied medicine in Budapest and Paris, and specialized in Internal Medicine and Neurology. When he devoted himself to psycho-analytic therapy his interest in internal diseases remained alive as shown in his lectures and publications. He described a case of Ophthalmoplegic Migraine and a case of chronic eczema cured by analysis (*Gyógyászat*, 1926). His ideas on ' Organic Disease in the Service of Libido Economy ' inspired by Ferenczi's concepts, were presented in *Lélekelemzési tanulmányok*, 1933, a volume containing contributions by various authors and published by the Hungarian psycho-analysts. There he presented the rôle of the aggressive instinct and the differentiating criteria between organic diseases with a psychogenic basis and hysterical conversion. His observation that a phase of depression precedes the outbreak of psychogenic organic disease is specially noteworthy. In 1936, at the Marienbad Congress, he read a paper on his observations of quasi-trance states in the course of psycho-analytic treatment, showing a connection of these states with early infantile traumata, particularly individual traumata of weaning.

Géza Dukes, LL.D., died in a German concentration camp. His spontaneity and warmth of feeling made him a friend of all of us. He devoted his wide juridical and psycho-analytic knowledge to research into criminological problems from the psycho-analytic point of view and kept contact with scientific criminology and jurisprudence. His investigations concerned the psychogenesis of delinquents, problems of punishment, of legal responsibility and culpability. In regard to therapy he advocated the establishment of delinquency clinics, for prophylactic purposes he recommended inner freedom as the foremost aim of education. He published in German ' Psycho-analytische Gesichtspunkte in der juristischen Auffassung der Schuld ' (' Psycho-Analytic Points of View in the Juridical Concept of Guilt '), (1921) *Imago* **7,** in the Hungarian language in *Jogtudományi Közlöny*, 1921, *Századunk*, 1928, and *Lélekelemzési tanulmányok*, 1933. He translated Freud's ' History of the Psycho-Analytic Movement ' and, together with Hollós, ' The Ego and the Id ' into Hungarian.

Dr. Erzsébet Petö-Kardos was killed by the terrorists in Budapest shortly before the liberation. She was sensitive and compassionate, and courageously helped many in circumstances of great danger to herself. She was one of the younger members of the Society but had earned an excellent reputation, especially in the field of child analysis. Among other papers she left a study of the problem of children's play, making use of her experiences in child analysis. Its central problem is the stronger or weaker awareness of reality in play. This paper makes clear the place of the neurotic split in the Ego in the theory of play.

Dr. Nikolaus Sugár (Belgrade, then Subotica), nominally a member of the Vienna Society, kept close contact with the Hungarian Society. He attended meetings held in Budapest and read several papers. He, too, died in a German concentration camp. He was very active in promoting the knowledge of psycho-analysis in the Balkans. In a paper entitled ' Die Rolle des Zahnreizmotivs bei Psychosen ' (' The Rôle of the Motive of Dental Irritation in Psychoses '), (1926) *Int. Z. Psycho-*

anal **12,** he reported four case histories in which the rôle of repressed oral eroticism, of castration anxiety, and phantasies of the oral and anal birth are discussed. 'Zur Genese und Therapie der Homosexualität' ('On the Etiology and Therapy of Homosexuality'), *Jahrb. f. Psychiatrie u. Neurologie*, **44,** gives clinical anamneses with critical observations referring to existing literature. He also published a paper in collaboration with Paul Schilder 'Zur Lehre von den schizophrenen Sprachstörungen' ('A Contribution to the Theory of Speech Disorders in Schizophrenia') in the *Zeitschrift f. d. ges. Neurologie u. Psychiatrie*, **24** (1926). In the last years of his life he studied problems of the psychology of expression and sociological problems.

Dr. Imre Hermann,
President.

INDIAN PSYCHO-ANALYTICAL SOCIETY

1942

Officers Elected for 1942 : Dr. G. Bose (President), Mr. M. N. Banerji (Secretary), Dr. S. C. Mitra (Librarian), Lt.-Col. O. Berkeley-Hill and Mr. H. P. Maiti (Members of the Council), Mr. A. Datta and Mr. T. C. Sinha (Asst. Secretaries), Mr. M. N. Samanta and Mr. D. Ganguly (Asst. Librarians).

Members : 16. *Associate Members :* 40. Elected to Associate Membership : Miss P. Das.

Scientific Meetings

April 10. Mr. T. C. Sinha : 'Garo Songs.'

October 1. Dr. G. Bose, Dr. N. N. Chatterji, Dr. N. N. De and Dr. S. N. Banerji : 'Common Symptoms and their Psycho-Analytic Interpretations"

December 11. Dr. N. De : 'Common Obsessions in Bengal.'

1943

Officers Elected for 1943 : Dr. G. Bose (President), Mr. M. N. Banerji (Secretary), Dr. S. C. Mitra (Librarian), Col. O. Berkeley-Hill and Mr. H. P. Maiti (Members of the Council), Mr. A. Datta and Mr. T. C. Sinha (Asst. Secretaries), Mr. M. N. Samanta and Mr. S. P. Ghosh (Asst. Librarians).

Members : 15. *Associate Members :* 40. *Elected to Associate Membership :* Mr. H. P. Mehta, Mr. C. V. Ramana, Miss N. Datta, Mr. M. B. Lal, Mr. L. C. Bhandari, Mr. N. Balasundaram, Major S. H. Lucas, Major D. S. Nand.

Scientific Meetings

November 20. Dr. E. G. Servadio : 'Notes on Oral and Phallic Elements in a Single Analytical Hour.'

November 25. Dr. G. Bose : 'All-or-None Attitude in Sex.'

December 4. Dr. N. De : 'The Development of Paranoid Delusion.' Dr. N. N. Chatterji : 'Some Paranoid Manifestations and their Psycho-Analytic Interpretation.'

December 11. Mr. H. Maiti : 'Psycho-Analysis of a Case of Anorexia Nervosa.'

1944

The Society suffered a great loss through the death of Mr. Bahadur Sing Singhi, Col. O. Berkeley-Hill, Mr. Bhibuti Bhusan Sinha Roy and Dr. Bhupati Bhusan Ghosh.

Officers Elected for 1944 : Same as for 1943. Dr. Ghosh was elected a Member of the Council in place of Col. O. Berkeley-Hill, deceased.

Members : 16. *Associate Members :* 42. *Elected to Associate Membership :* Mr. L. N. Basu, Mrs. N. Barwell, Mr. J. C. De, Mr. S. K. Ali, Mr. M. K. Barua.

Academic Distinction : The University of Ceylon conferred on Mrs. E. Ludowyk-Gyomroi the Ph.D. degree for her thesis on 'The Rôle of the Miracle in Early Pali Literature with Special Reference to the Problem of Faith.'

Scientific Meetings

July 22. Dr. N. N. Chatterji : 'Some Paranoic Symptoms.'

July 29. Dr. N. De : 'Unity in Diversity of Mental Symptoms.'

August 2. Dr. G. Bose : 'The Nature and Genesis of Love.'

August 19. Mr. M. N. Banerji : 'Hindu Family and Freudian Theory.'

September 2. Dr. S. C. Laha : 'Irrelevancy and Its Mechanism.'

September 9. Miss P. Das : 'Association Tests of an Epileptic.'

1945

The Society suffered a great loss through the death of Dr. Sarasilal Sarkar.

Officers Elected for 1945 : Dr. G. Bose (President), Mr. M. N. Banerji (Secretary), Dr. S. C. Mitra (Librarian), Dr. B. C. Ghosh and Mr. H. P. Maiti (Members of the Council), Mr. A. Datta and Mr. D. Ganguly (Asst. Secretaries), Mr. T. C. Sinha and Mr. C. V. Ramana (Asst. Librarians).

Members : 16. *Associate Members :* 54. *Elected to Membership :* Mr. B. Desai. *Elected to Associate Membership :* Mr. M. J. Rales, Mr. I. Narain, Mr. B. K. Bose, Mr. S. R. Sengupta, Mrs. P. Devi, Mr. L. A. Gaglain, Mr. R. S. Bhandari, Miss L. R. Gompertz, Miss S. Sengupta, Miss D. S. Mazda, Miss K. S. Mazda.

A scheme for the publication of a Bulletin, proposed by Mr. T. C. Sinha, was approved. Financial responsibility for the first two years will be borne by Mr. Sinha and some of his friends. The Council of the Society was asked to act as the Editorial Board of the Bulletin and Mr. T. C. Sinha was authorized to invite papers for publication in the Bulletin from noted psycho-analysts.

Scientific Meetings

August 11. Dr. S. C. Laha : ' Mechanism of Cure in a Case of Dementia Præcox.' ' Myopia as a Conversion Symptom.'

August 25. Dr. N. N. Chatterji : ' The Nature of Paranoid Delusions.' Dr. B. K. Bose : ' Theories of Sex.'

September 19. Mr. T. C. Sinha : ' A Short Note on Mutual Masturbation.'

Public Activities

Popular articles on psycho-analytical topics were contributed by Mr. M. V. Amrith.

Clinical Lectures on Psycho-Analytical Psychiatry were given by Dr. G. Bose, Dr. N. De and Dr. S. N. Banerji at the Psychological Clinics of the Carmichael Medical College and Lumbini Park Mental Hospital.

Mr. T. R. A. Pai conducted the monthly journal *Human Affairs* as Managing Editor.

INDIAN PSYCHO-ANALYTICAL INSTITUTE

Number of Candidates in Training. 1942 : 2, one of whom was doing control work. 1943 : 3, 2 of whom were doing control work. 1944 : 7, 2 of whom were doing control work. 1945 : 14, 3 of whom were doing control work.

Seminars were held by Dr. G. Bose every Sunday from August to December 1945.

Training and Control Analysts : Dr. G. Bose, Mr. M. N. Banerji, Mr. H. P. Maiti, Dr. E. G. Servadio, Dr. Edith Ludowyk-Gyomroi.

Training Analysts : Dr. S. C. Mitra, Mr. K. L. Shrimali, Dr. S. C. Laha, Mr. T. C. Sinha, Mr. B. Desai, Mr. M. V. Amrith.

In 1945 a Training Centre was started at Bombay and Dr. E. G. Servadio was put in charge. A Sub-Committee consisting of Dr. G. Bose and Mr. H. P. Maiti was appointed to consider the desirability of starting a Training Centre at Calcutta and to submit a scheme for it. It was decided that candidates for training be allowed to study by private arrangement, if they wish to, under a teacher or teachers recognized by the Council ; that in future candidates from different centres be required to appear at an examination to be held at such a time and place as may be fixed by the Council from time to time.

LUMBINI PARK MENTAL HOSPITAL

1942

During the year the Extension Scheme of the Lumbini Park Mental Hospital was adopted.

Out-patients. Total of daily attendances for the year : 5,025 (4,853 general, 172 mental). Cases treated : 1,967 general, 63 mental.

In-patients : 23 mental cases were admitted. The following were the types of cases :—

Psycho-neurotic symptom	1
Dementia Præcox	11
Alcoholism	1
Drug Addiction	1
Epilepsy	1
Paranoia	7
General Paralysis	1
	23

MELBOURNE INSTITUTE FOR PSYCHO-ANALYSIS

Board of Directors, 1943–44 : Dr. P. G. Dane, M.D., D.P.M., Melbourne (Chairman), Dr. R. S. Ellery, M.D., F.R.A.C.P., Melbourne (Secretary), Dr. Ernest Jones, M.D., F.R.C.P., England, Dr. N. A. Albistone, M.B., B.S., D.P.M., Melbourne, Dr. A. R. Phillips, M.B., B.S., D.P.M., Flemington, Dr. P. G. Reynolds, M.B., B.S., Melbourne, Dr. R. C. Winn, M.B., B.S., Sydney.

Head of the Clinic : Dr. P. G. Dane.

Psycho-Analyst : Dr. Clara Lazar-Geroe.

1945 : Due to Dr. Dane's illness, Dr. A. R. Phillips was elected Acting Chairman.

Dr. C. Lazar-Geroe and Dr. F. W. Graham were elected Members of the Board.

1943

Clinic Activities

During the year our Clinic was consulted by 43 new patients. Of these 22 were adults (8 M., 14 F.) and 21 children and adolescents (13 boys, 8 girls). In addition, we acted in advisory capacity to schools and Probation Officers of the Children's Court in about 9 more cases. Our Children's Clinic was open for the public once a week for an afternoon (on 50 days of the year).

Diagnoses of the 43 new patients :—

Adults :

Hysteria	1
Conversion Hysteria	2
Obsessional Neurosis	1
Anxiety	1
Perversion	3
Homosexuality	1
Character Neurosis	7
Sleep Walking	1
Depression	2
Paranoid	2
Dementia Præcox	1
Total	22

Children and Adolescents :

Educational difficulties	7
Waywardness	2
Stealing	3
Stealing and Enuresis	1
Stealing and Incont. alvi	1
Homosexuality.	1
Stammering	4
Conversion Hysteria	1
Feeding difficulties	1
Total	21

Treatment. The number of patients receiving regular analytical treatment was: 9 adults, 13 children and adolescents.

Weekly hours	Adults	Duration of treatment	Children and Adolescents	Duration of treatment
5	1	49 w.	–	—
4	2	4, 49 w.	–	—
3	3	20, 20, 43 w.	3	12, 12, 36 w.
2	–	—	4	5, 12, 26, 26 w
1	3	6, 10, 12 w.	6	4, 8, 12, 14, 16, 16 w.

Waiting List. The number of patients on the waiting list is 15.

Lectures

(*a*) *Arranged by the Institute.*

March. Dr. C. Lazar-Geroe: The Unconscious (for parents and pedagogues, attendance: 15).

August. Dr. C. Lazar-Geroe: Technique of Psycho-Analysis (for medical students, attendance: 8).

December. Dr. C. Lazar-Geroe: Psycho-Analysis in Social Work (for Third-Year students of the School of Social Studies, attendance: 20).

(*b*) *Arranged by other Organizations.*

February. Dr. C. Lazar-Geroe: Emotional Development in Childhood (at a Conference of Pedagogues and Psychologists at Kornoong School, attendance: 18).

May. Dr. C. Lazar-Geroe: The Child between Latency and Puberty (at a combined Conference of the N.E.F. and Educational Reform Association, held at Kornoong School).

1944

Clinic Activities

During the year our Clinic was consulted by 69 *new* patients. Of these 44 were adults (20 M., 24 F.) and 25 children and adolescents (18 boys, 7 girls). In addition, we acted in an advisory capacity to schools and Probation Officers of the Children's Court, etc., in about 8 more cases.

Diagnoses of the 69 new patients.

Adults:

Hysteria	4
Conversion Hysteria	2
Obsessional Neurosis	8
Anxiety Neurosis	3
Perversion	1
Homosexuality	2
Impotence	1
Character Neurosis	2
Depression	2
Frigidity	1
Schizoid Character	2
Paranoia	3
Erythrophobia	1
Agoraphobia	1
Asthma	2
Delinquency	2
Social Maladjustment	7
Total	44

Children and Adolescents:

Educational Difficulties	3
Backwardness	2
Pseudo-Debility	1
Debility	2
Homosexuality	1
Aggressiveness	1
Truancy	1
Social Maladjustment	5
Delinquency	1
Anxiety States	1
Pyromania	1
Pseudologia Phantastica	1
Anorexia	1
Eczema Nervosum	1
Enuresis Nocturna	3
Total	25

Waiting List. There are 27 patients on the waiting list.

Total of the Hours of Treatment: 711, and 153 hours with children and adolescents in the Children's Clinic. Weekly average of treatment: 18 hours. Regular analysis was carried out with 5 cases: 1 woman had 5 sessions, 1 man and 1 woman had 4 sessions, 1 woman had 3 sessions weekly during the whole year; 1 adolescent boy had 3 sessions weekly during 3 months.

Our Children's Clinic was open for the public once a week for an afternoon (46 days in the year).

Study Circles and Lectures

Study Circles. For Candidates of the Institute only. Dr. C. Lazar-Geroe: Freud Seminar (*Totem and Taboo*, February-April; *Group Psychology and the Analysis of the Ego*, May-July). One night weekly. Attendance: 4.

Lectures. (*a*) *Arranged by the Institute.*

May. Dr. C. Lazar-Geroe: Emotional and Behaviour Problems of the Pre-Puberty Years (for a group of parents and teachers, attendance: 15).

(*b*) *Arranged by other Organizations.*

February. Dr. C. Lazar-Geroe: The Development of Human Character (Rorschach Association, attendance: 25).

April. Dr. C. Lazar-Geroe: Sex Offences—Their Therapy or Prevention (at a combined meeting of the 'Women Justices' Association' and Welfare Workers' Assembly, attendance: 50).

July. Dr. C. Lazar-Geroe: Psychological Problems with Children Detached from their Families or Placed in Institutions (for the 'Association of Hospital Social Workers', attendance: 14).

August. Dr. C. Lazar-Geroe: Influence of the War, Respectively its Presentation, Upon the Character of the Child in Australia (for the Parents' Association, Koorning School, attendance: 40).

Smaller groups of Social Workers, psychologsts, pedagogues and parents were invited for one or two evenings at the Institute several times to discuss problems of their field in the light of psycho-

analysis. Since people seeking our help have such greatly varied interests and educational standards, this way of conveying our ideas was thought more satisfactory than public lectures.

1945

Clinic Activities

During the year our Clinic was consulted by 41 *new* patients. Of these 25 were adults (8 M., 17 F.), 9 adolescents (3 boys, 6 girls) and 7 children (5 boys, 2 girls). In addition, we acted in an advisory capacity to schools, Probation Officers of the Children's Court, parents, etc., in about 30 more cases.

Diagnoses of the 41 new patients.

Adults :	
Hysteria	1
Conversion Hysteria	3
Obsessional Neurosis	1
Character Neurosis	7
Social Maladjustment	2
Infantilism	2
Homosexuality	3
Depression	1
Schizoid Character	1
Schizophrenia	2
Paranoia	2
Total	25
Adolescents :	
Social Maladjustment	1
Educational difficulties	2
Stealing	2
Delinquency	1
Perversion	1
Stammering	1
Nymphomania	1
Total	9
Children :	
Pseudo-Debility	2
Anxiety	1
Enuresis Nocturna	1
Stealing	2
Pavor Nocturnus and Enuresis	1
Total	7

Waiting List. There are 23 patients on the waiting list.

Total of the Hours of Treatment: 451, and 53 hours with children and adolescents in the Children's Clinic. Weekly average of treatments : 11 hours. Regular analysis was carried out with 12 cases :

4 hours weekly : 4 women (8, 6, 4 months and 1 month respectively).

3 hours weekly : 1 woman (11 months).

1 hour weekly : 3 women (11, 4, 3 months respectively), 2 girls (6, 4 months), 1 man (4 months), 1 adolescent boy (3 months).

Our Children's Clinic was open for the public once weekly for an afternoon (on 42 days in the year).

Study Circles and Lectures

May-December. Dr. C. Lazar-Geroe : Behaviour Problems of Children and Adolescents (fortnightly, for pedagogues, attendance : 12).

February-April. Dr. C. Lazar-Geroe : Introductory Discussions on Psycho-Analytical Technique (for candidates only, 1 night weekly, attendance : 5).

May-December. Dr. C. Lazar-Geroe : Freud Seminar : *The Ego and the Id, Beyond the Pleasure Principle* (for candidates only, fortnightly, attendance : 4–6).

Lectures. (*a*) *Arranged by the Institute.*

February-April. Dr. C. Lazar-Geroe : Character Development of the Child (6 lectures for pedagogues attendance : 10–15).

May. Dr. C. Lazar-Geroe : Aggression (2 lectures for pedagogues, attendance : 10).

(*b*) *Arranged by other Organizations.*

August. Dr. C. Lazar-Geroe : Child Guidance (for the Parents' Association, Koornong School, attendance : 50).

September. Dr. C. Lazar-Geroe : Reality in Psycho-Analysis (at the Australian Association of Psychology and Philosophy, attendance : 30).

1946

April 12. Lecture given at the British Psychological Society, Australian Branch.

April 13. Dr. Dane : ' War Neuroses.'

April 14. 10.30 a.m. Dr. Winn : ' General Technique.' 3 p.m. Dr. Fink : ' Narcissism.'

April 15. 10.30 a.m. Dr. Southwood : ' Case Report.' 3 p.m. Dr. Phillips : ' Child Guidance.' 8 p.m. Mr. Meadows : ' Plato.'

April 16. 10.30 a.m. Dr. Winn : (Title missing). 3 p.m. Dr. Graham : ' Technical Problems in an Analysis.' 8 p.m. Dr. Fink : ' Shock Therapy.'

April 17. ' Problems of Adolescent Girls.' An open discussion with the Study Group of Pedagogues at Koornong School, Warrandyte.

April 18. Dr. Lazar-Geroe : ' Analysis of a Compulsion Neurosis.'

April 19. Morning and Afternoon : General Discussion. Dr. Lazar-Geroe : ' Brief Statements on Theory.'

Dr. Clara Lazar-Geroe.

SAO PAULO (BRAZIL) PSYCHO-ANALYTICAL SOCIETY

Our Society was founded officially in 1945, affiliated direct to the International Psycho-Analytical Association. This was approved provisionally by Dr. Ernest Jones, pending the next Congress. The Society's statutes were drawn up, providing for rules for membership, conditions for training of candidates, and scientific activities. The members elected Dr. Durval Marcondes the first President.

Training Activities

In order to provide for the training of candidates as far as possible in accordance with the requirements of the International Association, and in view of geographical conditions, it was considered advisable to restrict the Society's scope, for the time being, to the city of São Paulo. Training analyses and the supervision of candidates' analyses are being carried out by Dr. Adelheid Koch and by Mr. Frank Philips. Seven psychiatrists, one medical psychologist, one medical student and two social workers are undergoing analysis at the present time. Weekly theoretical seminars and lectures have been organized for attendance by the candidates sufficiently advanced to commence the study of theory, in which Dr. Marcondes also collaborates with lectures on the psychoses.

Scientific Activities

Fortnightly meetings are held for members only for the discussion of theoretical questions, technical aspects of cases, and articles published in the various psycho-analytical journals, etc. Dr. Adelheid Koch recently delivered a lecture before the São Paulo Medical Society on basic elements of psycho-analytic therapy. Dr. Marcondes has given two lectures: 'Object-Relations in Paranoia, in Men and Women' and 'On a Basis for a Psycho-Analytical Theory of Structure'. Mr. Philips has lectured on aspects of the technique of dream analysis and interpretation in the light of some findings in the newer trends of psycho-analytical research. Dr. Marcondes, assisted by Miss Virginia L. Bicudo, conducts a course in psycho-analytical theoretical principles at the Escola Livre de Sociologia e Politica, a department of the São Paulo State University; and they also conduct an extensive Child Guidance Clinic, utilizing a corps of psychiatric social workers schooled in analytic principles; as well as holding lectures on the applications of this work for educational and psychological centres. Dr. Darcy Mendonça Uchoa recently successfully submitted a thesis before the formal examining body of the Medical University, for a chair in psychiatry, on the psychology and structure of the obsessional neurosis, based on the psycho-analytic approach.

Present Members

Bicudo, Miss Virginia L., Rua Guarará 90—Casa 1.
Dias, Dr. Flavio, Rue Sorocaba, 135.
Koch, Dr. Adelheid, Caixa Postal 4164.
Marcondes, Dr. Durval B., Rue Siqueira Campos, 42.
Philips, Mr. Frank, Caixa Postal 1968.
Uchoa, Dr. Darcy Mendonça, Avenida Pacaembu, 1882.

Frank Philips,
Secretary.

SWEDISH PSYCHO-ANALYTICAL SOCIETY

Scientific Meetings

1944

October 16. Dr. R. de Monchy: 'The Development of Psycho-Analysis in Holland.'

November 2. Lektor T. Ekman: 'The Problem of Transference according to Glover.'

November 22. Dr. E. Lindbäck: 'The Historical Development of the Sexual Problem in Sweden.'

December 8. Dr. R. de Monchy: 'The Influence of Analysis on the Analyst (Counter-Transference).'

1945

January 10. Mrs. S. Pedersen: 'Psychogenic Reactions to Flight and Emigration.'

February 28. Dr. R. de Monchy: 'Two Cases of Obsessional Neurosis and a Theoretical Reflection.'

March 19. Dr. A. Tamm: 'Freud's Concept of the Death Instinct.'

May 12. The Rev. G. Bergsten: 'Religiousness as a Symptom.'

May 30. Dr. T. Sandström: 'Some Cases of Inhibited Aggression.'

November 26. Dr. R. de Monchy: 'Puberty and Psycho-Analysis.'

The Annual Meeting for 1945 took place on February 2, 1946. The Professor of Neurology, Nils Antoni, and the Professor of Philosophy, Einar Tegen, were elected Honorary Members.

Training Activities

In Autumn, 1945, a course of 22 lectures on 'Neuroses' was held for doctors and medical students in the *Serafimerlazaret* at Stockholm. Attendances: 150–200.

In Spring, 1946, this course of 22 lectures was repeated, on invitation, at the University of Upsala. Attendances: 300.

Seminars. Spring, 1946. Dr. R. de Monchy: Control Seminar (weekly). It was planned to hold a Seminar under Lektor T. Ekman on Anna Freud's book, *The Ego and the Mechanisms of Defence.* It has not been possible to carry out this plan so far as the book, like almost all psycho-analytical literature, is unobtainable in Swedish bookshops.

There are several candidates in analysis, some of them doing control work.

Alfhild Tamm,
April 12, 1946. *President.*

SWISS PSYCHO-ANALYTICAL SOCIETY

1942

Scientific Meetings

Mrs. A. Berna-Citroen: 'The Analysis of an E ght-Year-Old Boy.'

Dr. P. Sarasin and Dr. G. Bally: 'Physician and Psychotherapist. A Subject for Discussion.'

Dr. A. Kielholz : ' Osiris Dismembered. A Criminological Contribution to a Myth.'

Mrs. Stephani-Cherbuliez : ' A Neurosis without Œdipus Complex and an Œdipus Complex without Neurosis.'

Dr. P. Reiwald : ' Psychology of International Morals.'

Members : 18. *Associate Members :* 8. Of these 15 are medical, 11 non-medical.

Guests : 27, of these 15 medical.

Elected to Associate Membership : Dr. Alfred Storch, Münsingen, Dr. O. Briner, Zurich, Miss M. Rambert, Lausanne, Mrs. Ada Berna-Citroen, Klosters-Dorf.

1943

A special event worth noting was the celebration on the occasion of the 70th birthday of Dr. phil. et theol. Oskar Pfister, Zurich.

Scientific Meetings

Dr. A. Kielholz : ' The Apotropaion at Baden.'

Dr. E. Blum : ' On Stupidity.'

Dr. E. Walther : ' Sociological Problems of Depth-Psychology.'

Dr. G. Richard : ' A Case of Separation Anxiety.'

Dr. O. Pfister : ' The Examination within the Examination.'

Members : 18. *Associate Members :* 9. Of these 17 are medical, 10 non-medical.

Guests : 30, of these 14 medical.

Elected to Membership : Dr. Valär-Sachs, Zurich, Dr. Stephani-Cherbuliez, Geneva.

1944

Scientific Meetings

Dr. P. Reiwald : ' The Analysis of Juvenile Criminals according to Alexander Healy's *Roots of Crime.*'

Dr. A. Kielholz : ' Konrad Ferdinand Meyer and His Relations to Königsfelden.'

The Rev. Dr. O. Pfister : ' Christianity and Anxiety.'

Dr. H. Meng : ' Social Psychology and the Basel Study Group for Mental Hygiene.'

Dr. phil. F. Walther : ' The Psycho-Analytical Presuppositions of Erich Fromm's Social Psychology.'

Dr. G. Bally : ' Introduction to the Discussion ' of the Afore-Mentioned Subjects.

Dr. phil. G. Graber : ' Resistance Analysis and its Therapeutic Results.'

Dr. E. Blum : ' *Daseinserkenntnis* and Psycho-Analysis.'

Dr. P. Reiwald : ' The Psychology of Mass Aggression.'

Members : 18. *Associate Members ;* 10. Of these 18 medical, 10 non-medical.

Guests : 30, of these 14 medical.

Elected to Membership : Dr. G. Richard, Neuchâtel.

1945

Scientific Meetings

Dr. E. Blum : ' Phenomenology of Mental Diseases.'

Dr. A. Kielholz : ' Perversion and Crime.'

Dr. A. Repond : ' A Propos of the Psychology of Myth Formation.'

Dr. N. Béno : ' A Psycho-Analytical Concept of Stammering.'

Miss Anna Maerk : ' A Contribution to the Psychology of Neurotically Conditioned Moods.'

Miss Lydia Mueller : ' Aggression in Ego Structure.'

Mr. H. Zulliger : ' The " Gruppen-Formdeut-Test " ' (Group Figure-Interpretation Test).

Members : 20 (11 non-medical). *Associate Members :* 10 (4 non-medical).

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

The Vienna Psycho-Analytical Society resumed its activities under the presidency of August Aichhorn with a formal re-opening in its new quarters at Rathausstrasse 20, Vienna I, on April 10, 1946. A list of members and a detailed report will follow.

II. *CLINICAL ESSAY PRIZE*

Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Secretary of the Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1, by March 31, 1947.

The conditions governing the competition are the following.

A prize not exceeding £20 is offered.

REQUIREMENTS FOR THE ESSAY

The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It should clearly illustrate the events and changes in the mental life of the patient and their relation to external environment. In awarding the prize, the Judges will pay attention to acuity of observation and the clearness with which the facts are stated. If the writer wishes to draw theoretical conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction. It is recommended that the length of the essay should not exceed twenty thousand words.

Date of Sending in Essays; Language; Format, etc.

Essays must be submitted on or before the thirty-first day of March in any year, in the English language. They must be typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Secretary of the Institute. All copies of essays submitted become *ipso facto* the property of the Institute (or its successor) while it has the appointment of the Trustees.

No Award

If no essay is submitted of merit worthy of a prize in any year, no award shall be made for the year.

Joint Award

In the event of the Judges regarding the essays of two or more competitors of equal merit, they may divide the prize-money available for distribution as aforesaid into equal parts and award it to such competitors jointly.

Eligibility

Any person of either sex, who is not a member or a past-member of the Board of the Institute, shall be eligible for the competition.

Tenure

The prize shall be given to the writer of the best essay in the opinion of the Judges submitted in any year, but the prize may be awarded to the same person twice, provided that he submits a second essay of sufficient merit in a later competition, and that the prize shall not be awarded more than twice to the same person.

Title

The competitor to whom the prize is awarded in any year may be called the Clinical Prizeman for that year.

Copyright

The copyright of any essay to which a prize is awarded shall become the property of the Institute. Should the author wish to quote it in whole or in part, the Institute shall not unreasonably withhold its consent. The Institute shall not publish such essay in whole or in part in English or in translation in England or abroad without the author's written consent during his life-time. Other persons who may wish to quote extracts from any prize essay shall obtain the written consent of the Institute or its successor, and of the author given during his life-time.

R. D. Usher,
Hon. Secretary,
Institute of Psycho-Analysis.

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